KLINIK PRIMA IMPIAN
NO G-0-4, JALAN TUN TEJA B35/B,
ALAM IMPIAN SEKSYEN 35,
40470, SHAH ALAM. SELANGOR.
TEL: 03-51664957

MEDICAL CERTIFICATE

MC15491

Dengan ini diperakui
This is to certify **CHE RIDZUAN BIN CHE AHMAD** **690614035947**

tidak berupaya melakukan
kerja biasa selama *hari* *(dari* *hingga* *)*
will be unfit on duty for **1** *day(s)* *(From* **31/Oct/2022** *To* **31/Oct/2022** *)*

akan menjalankan peperiksaan
He / She is to be re-examined on

akan bermula kerja pada
He / She is able to resume duties from

Diagnosis **BACK PAIN**

Butiran Tambahan / Remak

DR. KAVITHA BALARAMAN
MMC: 62396
KLINIK PRIMA IMPIAN
NO. G-0-4, JALAN TUN TEJA B35/B,
ALAM IMPIAN, SEKSYEN 35,
40470 SHAH ALAM, SELANGOR

Tarikh/Date **31/Oct/2022**

DR KAVITHA BALARAMAN

KLINIK PRIMA IMPIAN
NO G-0-4, JALAN TUN TEJA B35/B,
ALAM IMPIAN SEKSYEN 35,
40470, SHAH ALAM. SELANGOR.
TEL: 03-51664957

Official Receipt

No : RCC000030103
Date : 31/Oct/2022
Bill : BL00042816

Received from CHE RIDZUAN BIN CHE AHMAD
Nric No: 690614035947 *HP No:* 60133306808

The Sum of Ringgit RM SIXTY ONLY

Being Payment of Consultation; Medication;

Bill Total / Total OS Amt	*RM*	*60.00*
Previous Payment	*RM*	*0.00*
Current Payment	*RM*	*60.00*
Balance	*RM*	*0.00*

RM **60.00**

Payment Mode : *OTHER - INSTRANS*

Reference # : *334151516Q / MAYBANK*

KLINIK PRIMA IMPIAN
NO. G-0-4, JALAN TUN TEJA B35/B,
ALAM IMPIAN, SEKSYEN 35,
40470 SHAH ALAM, SELANGOR
TEL: 03-5166 4957
EMAIL : klinikprimaimpian@gmail.com

Cashier