

Medical Receipt

[Medical Institution's Name]

[Address]

[Website]

[E-mail]

[Phone Number]

Date :

Receipt # :

Patient Information	
Name	
Address/City	
Email/Phone	

Service/Medicine Description	Code	Quantity	Rate	Line Total

Payment Method: _____

Remarks: _____

Subtotal	
Discount	
TAX / VAT	
Total Amount Due	
Amount Paid	

Get Well Soon!