

Original Detailed Invoice

PAYOR : MS CHUE WAI HEONG
NAME : MS CHUE WAI HEONG
 NO 1
 JALAN WANGSA 1/5
 TAMAN WANGSA CHERAS
 43200 BATU 9 CHERAS
 SELANGOR
MRN : 103180
IC : 840916145122
DOCTOR : DR. WONG HON SENG

INVOICE NO : KL-1-5118
INVOICE DATE : 29/09/20 02:36 PM
VISIT TYPE : Out-Patient

VISIT ID : 8407
ADMISSION :
DISCHARGE :

PRICE CODE DESCRIPTION	QTY	AMOUNT	DISCOUNT	TOTAL (RM)
Ambulatory Eye Care Center Charges				
Pharmacy Charges				
PGP09 TOBRADEX EYE DROP 5ML	1.00	21.90	0.00	21.90
		Pharmacy Charges	21.90	21.90
Equipment Usage Charges				
EU-017 EYE EQUIPMENT USAGE	1.00	25.00	0.00	25.00
		Equipment Usage Charges	25.00	25.00
Registration Fees				
NR-371 NEW REGISTRATION FEES	1.00	15.00	0.00	15.00
		Registration Fees	15.00	15.00
		Ambulatory Eye Care Center Charges	61.90	61.90
Doctor Charges				
Specialist Consultation				
8203C3020B3FIRST CONSULT (B3) (Dr. Wong Hon Seng)	1.00	110.00	0.00	110.00
		Specialist Consultation	110.00	110.00
		Doctor Charges	110.00	110.00
TOTAL BILL AMOUNT (RM)			171.90	171.90

Deposit Payment Detail :

Receipt No	Receipt Date	Receipt Amount	Allocation Date	Adjusted Amount
OR-6,596.00	29/09/2020	171.90	29/09/2020	171.90
Total Amount (RM)		171.90		171.90

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Nuraini