

# Medical Consultation Receipt

Date: \_\_\_\_\_

**Receipt No.**

**Patient Name**

**Patient ID / File No.**

**Address**

**Contact Number**

## Consultation Details

Description	Amount
e.g. Consultation Fee	_____
e.g. Additional Charges	_____
	_____
<b>Total (in words)</b>	_____
<b>Total (in numbers)</b>	_____

## Payment Method

**Attending Doctor**

Patient's Signature

Authorized Signature

This is a system-generated receipt.