



# RECEIPT

Receipt No: Date: Payment Ref:

## PATIENT & SPONSOR INFORMATION

Patient Name:  
Date of Birth / Age:  
Parent / Guardian:  
Patient ID / File No:

Description of Service / Medication / Vaccine	Qty	Unit Price	Amount

## PAYMENT METHOD

- Cash
- Card
- Insurance
- Bank Transfer

Insurance Co:  
Approval Code:  
Subtotal: Tax / VAT: Discount: **Total Paid:**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

