

Dr. Asif
AL-Mumtaz Medical Complex

25/423, Darakhshan Society (Kala Board Bus Stop), Malir Karachi-75080
Tel : 345101990 - 34404040 - 34404026 - 34510299

Hot Line : 34112222

85165

CASH MEMO

No. _____

Date 17/9/21

Name of Patient _____

Mudasser

Case No. _____

424

PARTICULARS	AMOUNT	
	Rs.	Ps.
X-RAY	<i>700/-</i>	
ULTRASOUND / ECG		
LABORATORY		
PHARMACY <i>388</i>		
CONSULTATION		
Med./ Vaccine / Inj. / Dressing etc. • S.M.L		
TOTAL	<i>700</i>	
RUPEES <i>Seven Hundred</i>		
		Signature

DETAILS _____

Mudasser
AP/18

CONSULTANT RECEIPT

Receipt No. 28656

Date: 26/8/21

Received from Mr./Mrs. Mudasir

a sum of Rupees Eight-hundred only

in respect of Bed / Room No. _____ D. P. No. _____

on Account of Consultant / Surgery fee on behalf of
Dr. Arif

Rs. 800

[Signature]
Signature

CONSULTANT RECEIPT

30354

Receipt No. _____

Date: 13/9/21

Received from Mr./Mrs. Mudasir Ghami

a sum of Rupees Eight hundred only

in respect of Bed / Room No. _____ D. P. No. _____

on Account of Consultant / Surgery fee on behalf of

Dr. Arif

Rs. 800/-

[Signature]
Signature

SALES INVOICE

Number : 287762 Date : 26/08/2021
 Time : 7:30 P.M.
 ACCOUNT : 1
 PATIENT NAME : 1
 USER : MOIZ 0

Quantity	Item Description	RETAIL
Disc. %	Tax	NET AMOUNT
(())		
10	TONOFLEX-P TAB NEW	13.8
7] 5.00 %	0.00	131.72
10	XORAL 40MG TAB	19.6
7] 5.00 %	0.00	186.83

TOTAL # OF ITEMS : 2 ta
 Rs. :- 319.00
 NET-TOTAL :- 319.00

CUSTOMER RESPONSIBILITY :CHECK MEDICINE
 & EXPIRY BEFORE LEAVING COUNTER FRIDGE
 MEDICINE WILL NOT BE CHANGE OR RETURN

SALES INVOICE

Number : 282335 Date : 09/08/2021
 Time : 5:47 P.M.
 ACCOUNT : 1
 PATIENT NAME : 1
 USER : NASEER ULLAO

Quantity	Item Description	RETAIL
Disc. %	Tax	NET AMOUNT
(())		
3	POP 4 GEPSONA	164.0
0] 5.00 %	0.00	467.40
3	SOFBAN 4 INCH	105.0
0] 5.00 %	0.00	299.25
1	DELTA STOCKING	300.0
0] 0.00		300.00
6	TONOFLEX 50mg CAP	16.2
9] 5.00 %	0.00	92.85
10	XORAL 40MG TAB	19.6
7] 5.00 %	0.00	186.83
1	LASORIDE TAB	5.0
6] 5.00 %	0.00	4.80

TOTAL # OF ITEMS : 6 Total
 Rs. :- 1351.00
 NET TOTAL :- 1351.00

CUSTOMER RESPONSIBILITY :CHECK MEDICINE
 & EXPIRY BEFORE LEAVING COUNTER FRIDGE
 MEDICINE WILL NOT BE CHANGE OR RETURN

Dr Asif
AL-Mumtaz Medical Complex

25/423, Darakhshan Society (Kala Board Bus Stop), Malir Karachi-75080
Tel : 345101990 - 34404040 - 34404026 - 34510299

Hot Line : 34112222

No. 81749

CASH MEMO

Date 3/8/23

Name of Patient Mudasi

Case No. 42

PARTICULARS	AMOUNT	
	Rs.	Ps.
X-RAY	600	
ULTRASOUND / ECG		
LABORATORY		
PHARMACY	957	
CONSULTATION		
Med./ Vaccine / Inj. / Dressing etc. S.M.L		

TOTAL 600

RUPEES

Signature

DETAILS

Signature
R. W. S. I.
Ap/lat

CONSULTANT RECEIPT

Receipt No. 27201

Date: 12/8/14

Received from Mr./Mrs. Kamal

a sum of Rupees eight hundred

in respect of Bed / Room No. _____ D. P. No. _____

on Account of Consultant / Surgery fee on behalf of

Dr. Amal

Rs. 800 / -

[Signature]
Signature

Dr. Asif
AL-Mumtaz Medical Complex

25/423, Darakhshan Society (Kala Board Bus Stop), Malir Karachi-75080
Tel : 345101990 - 34404040 - 34404026 - 34510299

Hot Line : 34112222

77665

CASH MEMO

No. _____

Date

Name of Patient

Case No.

PARTICULARS	AMOUNT	
	Rs.	Ps.
X-RAY ✓	600	
ULTRASOUND / ECG		
LABORATORY		
PHARMACY		
CONSULTATION		
Med./ Vaccine / Inj. / Dressing etc. S.M.L.		
TOTAL	600	
RUPEES	Six hundred	
	rupees 4	
		Signature

DETAILS

X Ray (R) wrist.

CONSULTANT RECEIPT

Receipt No. 26843

Date: 9/8/24

Received from Mr./Mrs. Mydasi

a sum of Rupees Three thousand only

in respect of Bed / Room No. _____ D. P. No. _____

on Account of Consultant / Surgery fee on behalf of
Dr. Arif (PO)

Rs. 3000/-

(Signature)
Signature

CONSULTANT RECEIPT

Receipt No. 26795

Date: 9/8/24

Received from Mr./Mrs. Mr. Mydasi Gitan

a sum of Rupees eight hundred

in respect of Bed / Room No. _____ D. P. No. _____

on Account of Consultant / Surgery fee on behalf of
Dr. ARIF

Rs. 800/-

(Signature)
Signature

