

Dr. ATIQUE ORTHOPAEDIC & MEDICAL CENTRE

A-18/423, Darakshan Society, Kalaboard, Malir, Karachi.

Ph # 021-4404535, 021-4518144, 0300-0655591

OPD Services Bill

Appointment No.

Bill No: 127019 MR.No: 357229 /0

Date: 20-May-2019\ 10:28:51 PM

Name of Patient: RIZWANA MINHAJ

CAA Slip No: Card No: CR No: &H00E354

Age:

Type: AOMC

Services	Amount
-	0
DRESSING EXTRA LARGE	2,500

Total Amount:

2,500

Receiver's Signature

User Name: saqib

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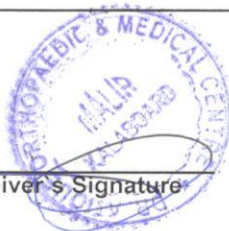
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OPD Services Bill

Appointment No.

Bill No: 132939 MR.No: 363143 /0

Date: 26-Jun-2019 \ 07:22:17 PM

Name of Patient: RIZWANA

CAA Slip No: Card No: CR No: &H00E354

Age: .

Type: AOMC

Services	Amount
-	0
Injection (Intra Articular)	100

Total Amount:

100

Receiver's Signature

User Name: saqib

ATIQUE ORTHOPEDIC HOSPITAL PHARMACY

A-18/423, Darakshan Society Kala Board Malier Karachi.
Ph:021-34404535

Bill No.:048431 \

Bill

Date: 20-May-19 \ 9:01:04 PM

Rizwana Minhaaj

S.#	Item Description	U.Price	Qty.	Amount
1	None CASTON4	80.00	1	80
2	None GLOVES	80.00	1	80
3	None NEMOCAST4	550.00	1	550
4	None STOCK NET3	150.00	1	150
5	Surgical nemo cast 2	350.00	1	350

Total: 1,210

Disc: 10

1,200

ATIQUE MEDICOS
User: Darakshan Society
A-18/423, Darakshan Society
Kala Board Malir, Karachi. Net Amount: 1,200

11806
RADIOLOGY DEPARTMENT

ORIGINAL : (For Patient)



PAKISTAN NAVY HOSPITAL-RAHAT
CENTRAL REGISTRATION FOR PRIVATE PATIENTS

OUT-DOOR PROCEDURE

Account Sec. : 48503609

8122

17 MAY 2019
PNS RAHAT

RECEIPT NO. _____

DATE : 17-5-19

Received Rs. 800/- (Rupees Eight Hundred only only)

From Mr/Mrs/Miss Rizwana Age _____ Sex F

Address NHS - Dh-I

Ph No. _____

In account of X-ray wrist joint (L)

Divided by Surg cdr Asif

[Signature]
for: OFFICER INCHARGE
CENTRAL REGISTRATION

ORIGINAL : (For Patient)



PAKISTAN NAVY HOSPITAL-RAHAT
CENTRAL REGISTRATION FOR PRIVATE PATIENTS

OUT-DOOR CONSULTATION

Account Sec. : 48503609

RECEIPT NO. 34261

DATE : 17-5-19

Received Rs. 1500/- (Rupees Fifteen Hundred only only)

From Mr/Mrs/Miss Rizwana Age _____ Sex F

Address NHS

Ph No. _____

As consultation Charges for 1st/2nd visit. Last visited on Back slap

Name of Specialist to be visited Surg cdr Rizwan

[Signature]
for: OFFICER INCHARGE
CENTRAL REGISTRATION