



Bangladesh Eye Hospital & Institute Ltd.

MONEY RECEIPT



Invoice No: I170120232439696

Bill Date : 17-JAN-2023 03:30 PM

PID : R1092022003426

Appt. No : A0920222329739

Name : MD. HALIM

Age : 54YY,3MM,27DD

Contact : 01711361060

Sex : Male

Appt. Time : 04:00:00 PM (E007), By Albert-Phone

Reporting Time : 03:30:19 PM

Consultant : Dr. Shah-Noor Hassan FCPS, FRCS(GLASGOW), FRCS(EDINBURGH)

Print Time : 17-JAN-2023 03:33 PM

PATIENT COPY

SL#	Particulars	Rate
1	PRP Laser (O/E) (Retina)	10,000.00

PAID

Bill Amount	10,000.00
Discount Amount	1,500.00
VAT Amount	0.00
Payable Amount	8,500.00
Cash Paid	8,500.00
Balance	0.00

Received with thanks: Eight Thousand Five Hundred Taka Only

Sharmin Akter
Prepared By

Hotline
10620

78, Satmasjid Road (West end of Road # 27) , Dhanmondi, Dhaka - 1209
Call : 09666787878, info@bdeyehospital.com, www.bdeyehospital.com