**Medical Receipt Template**

C:\Program Files\Microsoft Office\MEDIA\CAGCAT10\j0240719.wmf

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| --- | --- |
| DOCTOR FEE RECEIPT | |
| DATE [---------------- 00, 0000]  Bill Details  COMPANY  [Name of company] [Address of company] [Contact of company] | **CUSTOMER:**  **[Name: ------------------------------------]  [Address: ----------------------------------]** |

**Treatment:**

* **-------------------------------------------------------------------------------------------------**
* **-------------------------------------------------------------------------------------------------**
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