

# Outpatient Visit Receipt

Sunshine Medical Clinic  
123 Health Ave, Wellness City, XY 45678  
Phone: (123) 456-7890 | Email: info@sunmedclinic.com

## Patient Details

Patient Name:	Jane Doe	Gender:	Female
Patient ID:	P-00927	Date of Birth:	1990-08-15
Visit Date:	2024-06-18		

## Visit & Billing Details

Description	Amount
Consultation Fee	\$50.00
Medication Charges	\$20.00
Lab Test: CBC	\$15.00
Other Charges	\$5.00
Total	\$90.00
Payment Method	Credit Card
Receipt Number	RCPT-20240618-0172

## Physician Details

Physician Name:	Dr. Samuel Lee	Specialization:	General Physician
Signature:			

Date & Time of Issue: 2024-06-18 11:30 AM

## Important Notes

- This receipt is a record of payment for outpatient medical services only.
- Please verify all details before leaving the facility.
- Keep this document for insurance or reimbursement purposes.
- Contact the clinic for any discrepancies or further clarification.