RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

NRIC	: S8517606D	VISIT DATE	: 04 Apr 2019 (11:04)
NAME	: LEE LI WEN, CATHERINE	VISIT NO	: G09819010226

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 5 days from 04 Apr 2019 to 08 Apr 2019

DOCTOR	: Goh Yao Chen (M17720B)
CLINIC	: 24 HR EMERGENCY CLINIC
ADDRESS	: 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 04 Apr 2019, 01:48PM

*This certificate is electronically generated. No signature is required.

Raffles Hospital
24 HR EMERGENCY
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Tel: (65) 6311 1555 Fax: (65) 6311 1162

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TAX INVOICE

GST REGN NO.	: M9-0000467-N	PAGE	: 1 of 1
VISIT NO.	: G09819010226	BILL TYPE	: PATIVNOUT
VISIT DATE/TIME	: 04-APR-2019 11:02AM	BILL DATE	: 04-APR-2019
INVOICE NO.	: PG09819010226-1	PATIENT NAME	: LEE LI WEN, CATHERINE
PAY BY	: SELF	PATIENT ID NO.	: S8517606D
PAYER NAME	: LEE LI WEN, CATHERINE	POLICY NO.	:
ADDRESS	: 23 TAMPINES CENTRAL 7 THE TAMPINES TRILLIANT #04-28 SINGAPORE 528609		

DESCRIPTION	QTY	S$	S$
CONSULTATION			60.00
PHARMACEUTICAL			
FAMOTIDINE 20MG TAB	14.0	5.47	
NAPROXEN 275MG TAB	28.0	11.19	
ORPHENADRINE 35MG/PARACETAMOL 450MG TAB	2.0	0.80	
ORPHENADRINE 35MG/PARACETAMOL 450MG TAB	42.0	16.79	
			34.25
PRACTICE COST			
PRACTICE COST	1.0	20.00	
			20.00
RADIOLOGY			
LUMBOSACRAL SPINE XRAY (2 VIEWS)	1.0	106.00	
PELVIS XRAY (1 VIEW)	1.0	51.00	
SACRO-COCCYX XRAY	1.0	67.00	
			224.00
SUB-TOTAL			338.25
TOTAL CHARGES BEFORE GST			338.25
GST @ 7%			23.68
TOTAL CHARGES AFTER GST			361.93
LESS ROUNDING ADJUSTMENT			(0.03)
TOTAL AMOUNT PAID			(361.90)
REG1900445067 - 04/04/2019 - MASTER		361.90	
TOTAL BALANCE DUE			0.00

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585 NORTH BRIDGE ROAD #01-00 RAFFLES HOSPITAL SINGAPORE 188770 T:63111555

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

DBS

RAFFLES MEDICAL GROUP
585 NORTH BRIDGE ROAD
24 HRS EMERGENCY
LEVEL 1 RAFFLES HOSPITAL
SINGAPORE 188700

EMV SALE

DATE/TIME: 04APR19 13:49
TID:40202219 MID:168168291680
INVOICE#: 088185 BATCH#: 002856
MASTERCARD EXPIRY
XXXX XXXX XXXX 3397 XX/XX
APPR CODE:888323 HOST: DBS
EMV CHIP RRN:909405088185
TC:0457C9B7273F2F43 AID:A0000000041010
MasterCard TVR:0000008000 TSI:E800

TOTAL SGD 361.90
*** DUPLICATE COPY ***

SIGN X
CATHERINE LEE
I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT