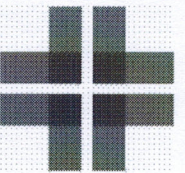


405 PROCCROSS MEDICAL CLINIC

BLK 405 JURONG WEST STREET 42 #01-K1
SINGAPORE 640405 TEL: 98765-330 FAX: 67022840

**INVOICE**

Invoice No: 282617

Our Reference: 37849

Date: 24/03/2021

PATIENT : VIVIEN NG JEOK YONG (S2015616C)

DESCRIPTION	QTY	NETT TOTAL FEE(\$)
CONSULTATION (SHORT)	1	25.00
ANAREX	20	6.50
ROXIFEN GEL	1	10.00
ETORICOXIB 120MG	5	11.50

Sub - Total : 53.00

Total Amount Payable : 53.00

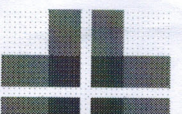
Nets Payment Received : 53.00

Outstanding Balance : 0.00

This is a computer generated invoice which does not require a signature

405 PROCCROSS MEDICAL CLINIC

Blk 405 Jurong West Street 42 #01-K1
SINGAPORE 640405 Tel: 98765-330 Fax: 67022840

**MEDICAL CERTIFICATE**

MC-

Name:- VIVIEN NG JEOK YONG

NRIC:- S2015616C (CNO - 27)

The above Name is Unfit for duty
for a period of 3 day(s) from 24-03-2021 to 26-03-2021 Inclusive

Remarks:-

Note: This Medical Certificate is not valid for absence from court

24/03/2021 12:08:45 PM

DR CALEB HO

Date

Issued By

Signature