



Shahid Beheshti University
of Medical Sciences

Patient Name:	Admission Code:
Patient Surname:	File Number:
Passport No. :	Country:
Gender:	Date of Admission:
Age:	Date of Discharge:
Name of Doctor:	

Row	Description	Price (RLS)	Number	Total (RLS)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total Charge:
Pre-Paid in admission:
Discount(s):
Patient Payment at discharge date:

Total Payment

Important: This invoice is invalid without the hospital discharge department signature and stamp.

Hospital Discharge Department Signature and Stamp:	
---	--

Chief Executive	Deputy Finance	Physician	Performing Work
------------------------	-----------------------	------------------	------------------------

توجه: تنظیم صورتحساب با در نظر گرفتن کل مبلغ پرداختی بیمار می باشد. (بدون کسر سهم شرکت یا واسطه)