Medical Receipt Form

This **medical receipt form** sample is designed for documenting doctor consultation fees clearly and professionally. It ensures accurate record-keeping for both patients and healthcare providers. Use this template to streamline billing and maintain transparent financial transactions.

Date:

Receipt No.:
e.g. 2024-001

Patient Name:

Patient ID / Reg. No.:
Enter ID or Reg. No.

Doctor Name:

Consultation Type:
General, Specialist, etc.

Fees (â,±/$/â,¬):

Payment Method:
Cash / Card / Other

Remarks:
Optional notes

Received By (Signature):

Thank you for visiting. Keep this receipt for your records.