

**GOVERNMENT OF KHYBER PAKHTUNKHWA ZAKAT AND USHR DEPARTMENT.**  
**BENEVOLENT FUND BUILDING, PESHAWAR CANTT.**

File No. Z&UD/Med. \_\_\_\_\_

Date: \_\_\_\_\_

**DETAIL OF COST OF TREATMENT**

Hospital Name: \_\_\_\_\_

1. Patient Name: \_\_\_\_\_

2. Father's /Husband Name: \_\_\_\_\_

3. Age & Sex: \_\_\_\_\_

4. CNIC No: \_\_\_\_\_

5. Home Address: \_\_\_\_\_

6. Reg/File No: \_\_\_\_\_

7. Indoor/Outdoor: \_\_\_\_\_

8. Disease Diagnosed: \_\_\_\_\_

S.No	Name of Drugs Disposable/Implants	Potency	Dosage	Rate per unit	Net Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12	Cost of laboratory Tests/X-Rays				

Total Package estimate is checked and verified by the following on \_\_\_\_\_

1) **PHARMACIST**

2) **CONSULTANT**

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature/Stamp \_\_\_\_\_

Signature/Stamp \_\_\_\_\_

3) **Hospital Director/RMO**

4) **Senior Medical Officer/ Senior Social Medical Officer**

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature/Stamp \_\_\_\_\_

Signature/Stamp \_\_\_\_\_