

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

Name _____

Signature/Stamp _____

2) CONSULTANT

Name _____

Signature/Stamp _____

3) Hospital Director/RMO

Name _____

Signature/Stamp _____

4) Senior Medical Officer/ Senior Social Medical Officer

Name _____

Signature/Stamp _____