Kingdome of Bahrain
Ministry Of health
Health Centres Directorate
Bahrin Airport Clinic

مملكة البحرين
وزارة الصحة
إدارة المراكز الصحية
عيادة مطارالبحرين

BAHRAIN AIRPORT CLINIC

Fees Form

Bill No. ______________________ Date ______________

To ______________________
PO Box ______________________
BAHRAIN

PARTICULARS				B.D.	Fils
Patient's Name					
Age	Sex	Nationality			
Flight No.		Time			
Name of Carrier					
Diagnosis					
Sent for treatment to					
Fees for					
Medical Attendance					
Transportation					
			TOTAL		
Amount in words					

______________________ Physician

______________________ Airline Attendance

______________________ Supervisor Income Section

Ministry of Health