



GOVERNMENT OF PAKISTAN
PAKISTAN BAIT-UL-MAL

Street No. 7, Sector H-8/4, Khayaban-e-Johar, Islamabad

File No. PBM/IFA/MED/

Date: _____

DETAIL OF ESTIMATE

HOSPITAL NAME: _____

1. Patient Name: _____

2. Age & Sex. _____ CNIC No. _____

4. Home address _____

5. File No. _____ 6. Indoor/Out door _____

Sr.	Brand Name of Drugs / Disposable / Implants etc.	Potency	Dosage	Company Name (Local / Multinational / Imported)	Unit price	Total Cost
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
Total						

The package estimate is checked and verified by the following on _____

Pharmacist
Sign/Stamp

Consultant
Sign/Stamp