



Fee Payment

Requesting Official Documents of Maharaj Nakorn Chiang Mai Hospital

I (Mr. /Mrs. / Ms.).....

wish to pay for a ☐ Medical certificate (CPK/CPS/General) ☐ Medical record

☐ X-ray film

☐ Medical invoice

☐ Biopsy results

☐ COVID-19 test result ☐ Certificate of COVID-19 vaccination

Total amount.....Baht (.....)

Sign.....

(Paid by) (receive documents)

Date.....

Received by.....

(Finance officer)

Date.....



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