Out Patient Bill

Patient Name	: **Mr.BLOOD BANK MEDWAY**	**Bill No**	: MMH/MH/OP202400165
Patient Id	: **MMH202400046**	**Bill Date**	: 04/01/2024 11:46:00AM
Age/Gender	: 2 Y 0 M 2 D/Male	**Visit Report Id**	: MMH202400046-V002
Phone Number	: 9962985985	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 04/01/2024 11:43:47AM	**Entity Name**	: CASH
Speciality	: General		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	BLOOD C/S	1.00	₹1,320.00	₹0.00	₹1,320.00
2	BLOOD C/S	1.00	₹1,320.00	₹0.00	₹1,320.00
3	PLATELET COUNT	1.00	₹300.00	₹0.00	₹300.00
4	TOTAL WBC COUNT	1.00	₹120.00	₹0.00	₹120.00
5	CULTURE and SENSITIVITY	1.00	₹840.00	₹0.00	₹840.00
6	RBC COUNT	1.00	₹120.00	₹0.00	₹120.00
7	CBC	1.00	₹650.00	₹0.00	₹650.00

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Phone Number	: 9962985985	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 04/01/2024 11:43:47AM	**Entity Name**	: CASH
Speciality	: General		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹4,670.00**
		Discount Amount	:		**₹4,670.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

KAAVYA K

Authorised Signature