Out Patient Bill

Patient Name	: **Ms.POORVIKA**	**Bill No**	: MMH/MH/OP202400676
Patient Id	: **MMH202473027**	**Bill Date**	: 16/01/2024 2:39:06PM
Age/Gender	: 15 Y 0 M 0 D/Female	**Visit Report Id**	: MMH202473027-V001
Phone Number	: 9566035037	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 16/01/2024 2:30:45PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00

Total Amount	:	**₹650.00**
Discount Amount	:	**₹650.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature