Out Patient Bill

Patient Name	: **Mr.DIALYSIS MACHINE**	**Bill No**	: MMH/MH/DG202400378
Patient Id	: **MMH202372309**	**Bill Date**	: 07/02/2024 12:25:25PM
Age/Gender	: 0 Y 1 M 17 D/Male	**Visit Report Id**	: MMH202372309-V005
Phone Number	: 9345930819	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 07/02/2024 12:25:02PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ELECTROLYTES	3.00	₹750.00	₹0.00	₹2,250.00

Total Amount	:	**₹2,250.00**
Discount Amount	:	**₹2,250.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature