Out Patient Bill

Patient Name	: **Mr.SAI PRAKASH**	**Bill No**	: MMH/MH/DG202400390
Patient Id	: **MMH202473649**	**Bill Date**	: 08/02/2024 12:09:48PM
Age/Gender	: 40 Y 0 M 0 D/Male	**Visit Report Id**	: MMH202473649-V002
Phone Number	: 9840952255	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 08/02/2024 12:07:26PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00
2	ELECTROLYTES	1.00	₹750.00	₹0.00	₹750.00
3	C.R.P. (C-Reactive Protein)	1.00	₹600.00	₹0.00	₹600.00
4	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
5	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
6	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
7	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
8	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹7,650.00**
		Discount Amount	:		**₹7,650.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature