Out Patient Bill

Patient Name	: **Ms.AISHWARYA R**	**Bill No**	: MMH/MH/DG202400428
Patient Id	: **MMH202473634**	**Bill Date**	: 12/02/2024 4:30:32PM
Age/Gender	: 18 Y 0 M 5 D/Female	**Visit Report Id**	: MMH202473634-V003
Phone Number	: 9840833694	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 12/02/2024 4:30:14PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PROLACTIN	1.00	₹600.00	₹0.00	₹600.00

Total Amount	:	**₹600.00**
Discount Amount	:	**₹600.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature