Out Patient Bill

Patient Name	: **Dr.IRFANA**	**Bill No**	: MMH/MH/ER202400573
Patient Id	: **MMH202473909**	**Bill Date**	: 18/02/2024 9:35:39PM
Age/Gender	: 36 Y 7 M 11 D/Female	**Visit Report Id**	: MMH202473909-V001
Phone Number	: 9941449378	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 18/02/2024 9:28:37PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	BUN (BLOOD UREA NITROGEN)	1.00	₹240.00	₹0.00	₹240.00
2	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
3	CREATININE	1.00	₹200.00	₹0.00	₹200.00
4	CBC	1.00	₹650.00	₹0.00	₹650.00

Total Amount	:	**₹1,190.00**
Discount Amount	:	**₹1,190.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

PREM

Authorised Signature