

Out Patient Bill

Patient Name : Mr.DIALYSIS RO WATER
Patient Id : MHI202378316
Age/Gender : 1/Male
Phone Number :
Doctor Name : Dr.MEDWAY HOSPITAL
Visit Date : 03/04/2024 11:27:21AM
Speciality : GENERAL

Bill No : MMH/MH/DG202400921
Bill Date : 03/04/2024 11:28:42AM
Visit Report Id : MHI202378316-V011
Payment Mode :
Entity Type : CASH
Entity Name : CASH

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CULTURE & SENSITIVITY (MISC)	2.00	₹900.00	₹0.00	₹1,800.00
		Total Amount	:		₹1,800.00
		Discount Amount	:		₹1,800.00
		Net Amount	:		₹ 0.00
		Amount Received	:		₹ 0.00

Received Amount : Zero Only
in Words

KARTHIK C
Authorised Signature