Out Patient Bill

Patient Name	: **Mr.DIALYSIS RO WATER**	**Bill No**	: MMH/HM/DGH202400166
Patient Id	: **MHI202378316**	**Bill Date**	: 17/01/2024 4:41:04PM
Age/Gender	: 1/Male	**Visit Report Id**	: MHI202378316-V004
Phone Number	:	**Payment Mode**	:
Doctor Name	: Dr.CM THIAGARAJAN	**Entity Type**	: CASH
Visit Date	: 17/01/2024 4:39:03PM	**Entity Name**	: CASH
Speciality	: NEPHROLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	SODIUM (NA +)	6.00	₹250.00	₹0.00	₹1,500.00
2	POTASSIUM (k +)	6.00	₹330.00	₹0.00	₹1,980.00

Total Amount	:	**₹3,480.00**
Discount Amount	:	**₹3,480.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

IYAPPAN R
Authorised Signature