Out Patient Bill

Patient Name	: **Mrs.MALATHI L**	**Bill No**	: MMH/MH/BDC202400193
Patient Id	: **MMH202476964**	**Bill Date**	: 03/06/2024 12:28:33PM
Age/Gender	: 42 Y 7 M 9 D/Female	**Visit Report Id**	: MMH202476964-V003
Phone Number	: 9710186850	**Payment Mode**	: CASH
Doctor Name	: Dr.CM THIAGARAJAN	**Entity Type**	: CASH
Visit Date	: 03/06/2024 12:20:34PM	**Entity Name**	: CASH
Speciality	: NEPHROLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	RFT PROFILE (DR.CMT)	1.00	₹650.00	₹0.00	₹650.00
2	URINE SPOT PROTEIN	1.00	₹300.00	₹0.00	₹300.00

Total Amount	:	**₹950.00**
Discount Amount	:	**₹285.00**
Net Amount	:	**₹ 665.00**
Amount Received	:	**₹ 665.00**

Received Amount in Words :

DESIKA
Authorised Signature