

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 : 6/7/2024 1:29:29PM
Speciality : GENERAL

Bill No : MMH/MH/DG202402010
Bill Date : 07/06/2024 1:37:48PM
Visit Report Id : MHI202378316-V016
Payment Mode :
Entity Type : CASH
Entity Name : CASH

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CULTURE & SENSITIVITY	2.00	₹840.00	₹0.00	₹1,680.00
		Total Amount	:		₹1,680.00
		Discount Amount	:		₹1,680.00
		Net Amount	:		₹ 0.00
		Amount Received	:		₹ 0.00

Received Amount : Zero Only
in Words

KARTHICK.S
Authorised Signature