# Out Patient Bill

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name** | : | **Mrs.NIROJA P** | **Bill No** | : | MMH/MH/OP202406945 |
| **Patient Id** | : | **MH54177** | **Bill Date** | : | 13/06/2024 9:20:21AM |
| **Age/Gender** | : | 34 Y 0 M 0 D/Female | **Visit Report Id** | : | MH54177-V001 |
| **Phone Number** | : | 9176041135 | **Payment Mode** | : | |
| **Doctor Name** | : | Dr.ARUN KUMAR.I | **Entity Type** | : | CASH |
| **Visit Date** | : | 6/13/2024 9:15:24AM | **Entity Name** | : | CASH |
| **Speciality** | : | ORTHOPEDICIAN | | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| 1 | FOOT AP/OBLIQUE VIEW (LEFT) | 1.00 | ₹600.00 | ₹0.00 | ₹600.00 |

| | | |
|---|---|---|
| **Total Amount** | : | **₹600.00** |
| **Discount Amount** | : | **₹600.00** |
| **Net Amount** | : | **₹ 0.00** |
| **Amount Received** | : | **₹ 0.00** |

**Received Amount in Words** : **Zero Only**

SATHISH KUMAR.S
**Authorised Signature**