Out Patient Bill

Patient Name	:	**Mr.GIRIDHARAN**	**Bill No**	:	MMH/MH/DG202402722
Patient Id	:	**MHI202375628**	**Bill Date**	:	11/07/2024 12:42:43PM
Age/Gender	:	49/Male	**Visit Report Id**	:	MHI202375628-V003
Phone Number	:	9962580840	**Payment Mode**	:	
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	7/11/2024 12:40:28PM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00
2	DENGUE IG M ELFA	1.00	₹960.00	₹0.00	₹960.00
3	RAPID ANTIGEN FOR COVID (OP)	1.00	₹780.00	₹0.00	₹780.00
4	DENGUE NS1 ELFA	1.00	₹1,440.00	₹0.00	₹1,440.00
5	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00

Total Amount	:	**₹5,230.00**
Discount Amount	:	**₹5,230.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

SUDHA.M
Authorised Signature