Out Patient Bill

Patient Name	:	**Mr.DIALYSIS MACHINE**	**Bill No**	:	MMH/MH/DG202402869
Patient Id	:	**MMH202372309**	**Bill Date**	:	16/07/2024 1:50:20PM
Age/Gender	:	0 Y 6 M 25 D/Male	**Visit Report Id**	:	MMH202372309-V012
Phone Number	:	9345930819	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	7/16/2024 1:42:24PM	**Entity Name**	:	CASH
Speciality	:	GENERAL MEDICINE			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ELECTROLYTES	3.00	₹750.00	₹0.00	₹2,250.00

Total Amount	:	**₹2,250.00**
Discount Amount	:	**₹2,250.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHICK.S
Authorised Signature