Out Patient Bill

Patient Name	:	**Ms.SHALU PALANIAPPAN**	**Bill No**	:	MMH/MH/DG202403105
Patient Id	:	**MH37746**	**Bill Date**	:	25/07/2024 11:22:04AM
Age/Gender	:	17/Female	**Visit Report Id**	:	MH37746-V001
Phone Number	:	9841026161	**Payment Mode**	:	
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	7/25/2024 11:20:41AM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
2	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
3	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
4	CBC	1.00	₹650.00	₹0.00	₹650.00
5	VITAMIN B 12	1.00	₹1,200.00	₹0.00	₹1,200.00
6	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00

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Age/Gender	: 17/Female		**Visit Report Id**	:	MH37746-V001
Phone Number	: 9841026161		**Payment Mode**	:	
Doctor Name	: Dr.T.PALANIAPPAN		**Entity Type**	:	CASH
Visit Date	: 7/25/2024 11:20:41AM		**Entity Name**	:	CASH
Speciality	: GENERAL PHYSICIAN & DIABI				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹6,750.00**
		Discount Amount	:		**₹6,750.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

SUDHA.M
Authorised Signature