Out Patient Bill

Patient Name	:	**Mr.JACOB.A**	**Bill No**	:	MMH/MH/DG202403514
Patient Id	:	**MH56294**	**Bill Date**	:	10/08/2024 11:43:34AM
Age/Gender	:	46 Y 0 M 5 D/Male	**Visit Report Id**	:	MH56294-V006
Phone Number	:	9176678324	**Payment Mode**	:	
Doctor Name	:	Dr.K.JAISHANKAR	**Entity Type**	:	CASH
Visit Date	:	8/10/2024 11:26:24AM	**Entity Name**	:	CASH
Speciality	:	CARDIOLOGIST			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
2	CBC	1.00	₹650.00	₹0.00	₹650.00
3	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
4	GLUCOSE (FASTING)	1.00	₹150.00	₹0.00	₹150.00

Total Amount	:	**₹2,950.00**
Discount Amount	:	**₹2,950.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHICK.S
Authorised Signature