Out Patient Bill

Patient Name	:	**Mr.DIALYSIS RO WATER**	**Bill No**	:	MMH/MH/DG202403565
Patient Id	:	**MHI202378316**	**Bill Date**	:	12/08/2024 3:33:45PM
Age/Gender	:	1/Male	**Visit Report Id**	:	MHI202378316-V019
Phone Number	:		**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	8/12/2024 3:28:14PM	**Entity Name**	:	CASH
Speciality	:	GENERAL MEDICINE			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CULTURE & SENSITIVITY	2.00	₹840.00	₹0.00	₹1,680.00

Total Amount	:	**₹1,680.00**
Discount Amount	:	**₹1,680.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

SUDHA
Authorised Signature