Out Patient Bill

Patient Name	:	**Dr.SATHISH BABU**	**Bill No**	:	MMH/MH/DG202403938
Patient Id	:	**MMH202474134**	**Bill Date**	:	28/08/2024 1:24:36PM
Age/Gender	:	41 Y 6 M 1 D/Male	**Visit Report Id**	:	MMH202474134-V002
Phone Number	:	9962570174	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	8/28/2024 1:22:32PM	**Entity Name**	:	CASH
Speciality	:	GENERAL MEDICINE			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	UREA	1.00	₹200.00	₹0.00	₹200.00
2	CBC	1.00	₹650.00	₹0.00	₹650.00
3	WIDAL SLIDE	1.00	₹360.00	₹0.00	₹360.00
4	CREATININE	1.00	₹200.00	₹0.00	₹200.00
5	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00

Total Amount	:	**₹2,210.00**
Discount Amount	:	**₹2,210.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

SUDHA
Authorised Signature