Out Patient Bill

Patient Name	:	**Mr.DIALYSIS MACHINE**	**Bill No**	:	MMH/MH/DG202404125
Patient Id	:	**MMH202372309**	**Bill Date**	:	04/09/2024 12:26:19PM
Age/Gender	:	0 Y 8 M 14 D/Male	**Visit Report Id**	:	MMH202372309-V014
Phone Number	:	9345930819	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	9/4/2024 12:21:03PM	**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
2	ELECTROLYTES	3.00	₹750.00	₹0.00	₹2,250.00

Total Amount	:	**₹3,930.00**
Discount Amount	:	**₹3,930.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHICK
Authorised Signature