Out Patient Bill

Patient Name	:	**Ms.RAJAKUMARI**	**Bill No**	:	MMH/MH/OP202409937
Patient Id	:	**MHI202378216**	**Bill Date**	:	24/09/2024 2:13:26PM
Age/Gender	:	56/Female	**Visit Report Id**	:	MHI202378216-V001
Phone Number	:	9941419141	**Payment Mode**	:	
Doctor Name	:	Dr.K.JAISHANKAR	**Entity Type**	:	CASH
Visit Date	:	9/24/2024 2:06:48PM	**Entity Name**	:	CASH
Speciality	:	CARDIOLOGIST			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LDL CHOLESTEROL (DIRECT)	1.00	₹420.00	₹0.00	₹420.00
2	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
3	HDL CHOLESTEROL (DIRECT)	1.00	₹276.00	₹0.00	₹276.00
4	CHOLESTEROL	1.00	₹180.00	₹0.00	₹180.00

Total Amount	:	**₹2,676.00**
Discount Amount	:	**₹2,676.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

CHEQUVERA .XL
Authorised Signature