

Out Patient Bill

Patient Name : Mr.THIRUPATHY M
Patient Id : MH21918
Age/Gender : 77 Y 1 M 8 D/Male
Phone Number : 9444384743
Doctor Name : Dr.T.PALANIAPPAN
Visit Date : 15/04/2024 9:23:47AM
Speciality : GENERAL PHYSICIAN & DIAE

Bill No : MMH/MH/DG202401079
Bill Date : 15/04/2024 9:42:26AM
Visit Report Id : MH21918-V002
Payment Mode :
Entity Type : CASH
Entity Name : CASH

S.No	Description	Qty	Unit Rate	Discount	Amount
1	WIDAL SLIDE	1.00	₹360.00	₹0.00	₹360.00
2	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
3	ESR	1.00	₹200.00	₹0.00	₹200.00
4	GLUCOSE (FASTING)	1.00	₹150.00	₹0.00	₹150.00
5	DENGUE IG G ELFA	1.00	₹960.00	₹0.00	₹960.00
6	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
7	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹600.00	₹0.00	₹600.00
8	DENGUE NS1 ELFA	1.00	₹1,440.00	₹0.00	₹1,440.00
9	CBC	1.00	₹650.00	₹0.00	₹650.00
10	DENGUE IG M ELFA	1.00	₹960.00	₹0.00	₹960.00
11	HBA1C	1.00	₹750.00	₹0.00	₹750.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		₹8,270.00
		Discount Amount	:		₹8,270.00
		Net Amount	:		₹ 0.00
		Amount Received	:		₹ 0.00

Received Amount : **Zero Only**
in Words

SRINIVASAN
Authorised Signature