Out Patient Bill

Patient Name	: **Mr.BLOOD BANK MEDWAY**	**Bill No**	: MMH/MH/DG202401102
Patient Id	: **MMH202400046**	**Bill Date**	: 16/04/2024 10:34:17AM
Age/Gender	: 2 Y 3 M 14 D/Male	**Visit Report Id**	: MMH202400046-V003
Phone Number	: 9962985985	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 16/04/2024 10:32:19AM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	TOTAL WBC COUNT	1.00	₹120.00	₹0.00	₹120.00
2	CBC	1.00	₹650.00	₹0.00	₹650.00
3	PLATELET COUNT	1.00	₹300.00	₹0.00	₹300.00
4	BLOOD C/S	1.00	₹1,320.00	₹0.00	₹1,320.00
5	BLOOD C/S	1.00	₹1,320.00	₹0.00	₹1,320.00
6	RBC COUNT	1.00	₹120.00	₹0.00	₹120.00
7	CULTURE & SENSITIVITY (MISC)	1.00	₹900.00	₹0.00	₹900.00

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Phone Number	: 9962985985	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 16/04/2024 10:32:19AM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹4,730.00**
		Discount Amount	:		**₹4,730.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

SRINIVASAN

Authorised Signature