Out Patient Bill

Patient Name	: **Mrs.UMAYAL**	**Bill No**	: MMH/MM/OPM202402891
Patient Id	: **MHM202404659**	**Bill Date**	: 29/04/2024 1:54:21PM
Age/Gender	: 65 Y 0 M 0 D/Female	**Visit Report Id**	: MHM202404659-V001
Phone Number	: 6383755164	**Payment Mode**	:
Doctor Name	: Dr.ARUNKUMAR.I	**Entity Type**	: CASH
Visit Date	: 29/04/2024 1:52:03PM	**Entity Name**	: CASH
Speciality	: ORTHOPEDIC SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CERVICAL SPINE AP & LAT	1.00	₹650.00	₹0.00	₹650.00

Total Amount	:	**₹650.00**
Discount Amount	:	**₹650.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

RAKESH V
Authorised Signature