Out Patient Bill

Patient Name	:	**Mrs.VAIJAYANTHI**	**Bill No**	:	MMH/HM/OPH202414333
Patient Id	:	**MHI202485684**	**Bill Date**	:	09/09/2024 8:29:34AM
Age/Gender	:	50 Y 8 M 2 D/Female	**Visit Report Id**	:	MHI202485684-V001
Phone Number	:	6381544664	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	9/9/2024 8:14:51AM	**Entity Name**	:	CASH
Speciality	:	CARDIO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	GLUCOSE (FASTING)	1.00	₹165.00	₹0.00	₹165.00
2	TSH	1.00	₹200.00	₹0.00	₹200.00
3	LIPID PROFILE	1.00	₹825.00	₹0.00	₹825.00
4	GLUCOSE (PP 2 HOURS)	1.00	₹165.00	₹0.00	₹165.00
5	CREATININE	1.00	₹220.00	₹0.00	₹220.00
6	CBC	1.00	₹715.00	₹0.00	₹715.00
7	UREA	1.00	₹220.00	₹0.00	₹220.00

Patient Name	: **Mrs.VAIJAYANTHI**		**Bill No**	:	MMH/HM/OPH202414333
Patient Id	: **MHI202485684**		**Bill Date**	:	09/09/2024 8:29:34AM
Age/Gender	: 50 Y 8 M 2 D/Female		**Visit Report Id**	:	MHI202485684-V001
Phone Number	: 6381544664		**Payment Mode**	:	
Doctor Name	: Dr.MEDWAY HOSPITAL		**Entity Type**	:	CASH
Visit Date	: 9/9/2024 8:14:51AM		**Entity Name**	:	CASH
Speciality	: CARDIO SURGEON				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹2,510.00**
		Discount Amount	:		**₹2,510.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

JANANI PRIYA

Authorised Signature