Out Patient Bill

Patient Name	:	**Mr.MANIKANDAN D**	**Bill No**	:	MMH/HM/OPH202414542
Patient Id	:	**MHI202485759**	**Bill Date**	:	12/09/2024 8:29:01AM
Age/Gender	:	45 Y 2 M 28 D/Male	**Visit Report Id**	:	MHI202485759-V001
Phone Number	:	9840864745	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	9/12/2024 7:51:56AM	**Entity Name**	:	CASH
Speciality	:	CARDIO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	GLUCOSE (PP 2 HOURS)	1.00	₹165.00	₹0.00	₹165.00
2	TSH 3RD GENERATION (HS TSH)	1.00	₹792.00	₹0.00	₹792.00
3	GLUCOSE (FASTING)	1.00	₹165.00	₹0.00	₹165.00
4	CREATININE	1.00	₹220.00	₹0.00	₹220.00
5	LIPID PROFILE	1.00	₹825.00	₹0.00	₹825.00
6	CBC	1.00	₹715.00	₹0.00	₹715.00
7	UREA	1.00	₹220.00	₹0.00	₹220.00

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Visit Date	: 9/12/2024 7:51:56AM		**Entity Name**	:	CASH
Speciality	: CARDIO SURGEON				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹3,102.00**
		Discount Amount	:		**₹3,102.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

RESHMA BANU
Authorised Signature