Out Patient Bill

Patient Name	:	**Dr.SAMUVEL SYLVESTER**	**Bill No**	:	MMH/HM/OPH202415659
Patient Id	:	**MHI202486170**	**Bill Date**	:	03/10/2024 2:05:53PM
Age/Gender	:	73 Y 0 M 4 D/Male	**Visit Report Id**	:	MHI202486170-V001
Phone Number	:	9677175646	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	10/3/2024 2:00:36PM	**Entity Name**	:	CASH
Speciality	:	CARDIO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ECG - OP	1.00	₹300.00	₹0.00	₹300.00
2	CREATININE	1.00	₹220.00	₹0.00	₹220.00
3	POTASSIUM (K +)	1.00	₹330.00	₹0.00	₹330.00
4	CBC	1.00	₹715.00	₹0.00	₹715.00
5	ECHO-OP	1.00	₹2,000.00	₹0.00	₹2,000.00
6	UREA	1.00	₹220.00	₹0.00	₹220.00
7	SODIUM (NA +)	1.00	₹275.00	₹0.00	₹275.00

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Phone Number	: 9677175646		**Payment Mode**	:	
Doctor Name	: Dr.MEDWAY HOSPITAL		**Entity Type**	:	CASH
Visit Date	: 10/3/2024 2:00:36PM		**Entity Name**	:	CASH
Speciality	: CARDIO SURGEON				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹4,060.00**
		Discount Amount	:		**₹4,060.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

CHEQUVERA .XL

Authorised Signature