Out Patient Bill

Patient Name	:	**Mrs.MEDWAY BLOOD BANK**	**Bill No**	:	MMH/PU/OPP202401954
Patient Id	:	**MHP202400010**	**Bill Date**	:	16/07/2024 3:56:29PM
Age/Gender	:	35 Y 4 M 1 D/Female	**Visit Report Id**	:	MHP202400010-V004
Phone Number	:	8072087436	**Payment Mode**	:	
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	7/16/2024 3:53:40PM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CULTURE & SENSITIVITY	1.00	₹840.00	₹0.00	₹840.00
2	BLOOD C/S	1.00	₹2,800.00	₹0.00	₹2,800.00
3	TOTAL WBC COUNT	1.00	₹120.00	₹0.00	₹120.00
4	CBC	1.00	₹650.00	₹0.00	₹650.00
5	PLATELET COUNT	1.00	₹300.00	₹0.00	₹300.00
6	BLOOD C/S	1.00	₹2,800.00	₹0.00	₹2,800.00
7	RBC COUNT	1.00	₹120.00	₹0.00	₹120.00

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Age/Gender	: 35 Y 4 M 1 D/Female		**Visit Report Id**	:	MHP202400010-V004
Phone Number	: 8072087436		**Payment Mode**	:	
Doctor Name	: Dr.T.PALANIAPPAN		**Entity Type**	:	CASH
Visit Date	: 7/16/2024 3:53:40PM		**Entity Name**	:	CASH
Speciality	: GENERAL PHYSICIAN & DIABI				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹7,630.00**
		Discount Amount	:		**₹7,630.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

KAAVYA K
Authorised Signature