Out Patient Bill

Patient Name	: **Mr.Rajesh**	**Bill No**	: HMH/HH/BOP06202300023
Patient Id	: **PPK06202300001**	**Bill Date**	: 06/06/2023 7:09:12PM
Age/Gender	: 23 / Male	**Visit Report Id**	: PPK06202300001-V004
Phone Number	: 9949828774	**Payment Mode**	: CASH
Doctor Name	: Dr.ARAVIND	**Entity Type**	: Self
Visit Date	: 2023-06-06 12:19:08	**Entity Name**	: Self
Speciality	: VASCULAR		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	WALKIN CONSULTATION	1.00	₹200.00	₹0.00	₹200.00
2	REGISTRATION CHARGES	1.00	₹300.00	₹0.00	₹300.00

Total Amount	:	**₹500.00**
Net Amount	:	**₹ 500.00**
Amount Received	:	**₹ 500.00**

Received Amount in Words : **FIVE HUNDRED RUPEES**

Admin

Authorised Signature