

Bill No : 1

Date :2025-09-06

Patient Name : BABIRS,25 YEAR

Gender :Female

Admission Date : 2025-09-06

Discharge Date :2025-09-15 00:00:00

SNo.	Billing Head	Rate	Quantity	Amount
1	USG PELVIS	500	1	500
2	USG WHOLE ABDOMEN	500	1	500
3	CBC	150	1	150
4	DELIVARY_ONE	10000	1	10000

Total Amount

11150 Rs.

In Word : eleven thousands one hundred and fifty Rupees

Signature

Payment Receipt

Number : 1

Received From : BABIRS

Amount : 11150.00

Total In Word : eleven thousands one hundred and fifty Rupees

By :

Signature