


Licence No. :				
Bill No: 16		Date: 2021-06-21		
Patient Name: WTRE		Age: 33 Year		Gender:Male
SNo.	Billing Head	Rate	Quantity	Amount
1	Dr consultation fee	200	1	200
2	CBC	150	1	150
3	ESR	70	1	70
4	VDRL	100	1	100
5	DENGUE	600	1	600

Total Amount		1120 Rs.
In Word : one thousand one hundred and twenty Rupees		Signature

Payment Receipt		
Number : 16		
Received From : Wtre	Amount : 1120.00	
Total In Word : one thousand one hundred and twenty Rupees	By :	
		Signature