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|--------------------|----------------|------------------|-------------|--------|
| Licence No. : | | | | |
| Bill No: 0 | | Date: 2022-05-28 | | |
| Patient Name: LILI | | Age: 76 Year | Gender:Male | |
| SNo. | Billing Head | Rate | Quantity | Amount |
| 1 | CUNSLTAION FEE | 500 | 1 | 500 |

| | | |
|--------------------------------------|---|------------------|
| Total Amount |  | 500 Rs. |
| In Word : five hundred Rupees | | Signature |

| | | |
|--|--|----------------------|
| Payment Receipt | | |
| Number : 0 | | |
| Received From : LILI | | Amount : 0.00 |
| Total In Word : five hundred Rupees | | By : |
| | | Signature |