


Licence No. :						
OPD NO.		1147	Bill No.		1147/2025-26	
Date		2025-09-25	Age		75 Year	
Patient Name		MAHADEV MATHANKAR		Gender		Male
SNo.		Billing Head.		Rate	Quantity	Amount
1		IV SET		197	2	394
2		CANNULA		170	2	340
3		FIXTOR		90	2	180
4		NS100 ML		22	12	264
5		NS 500ML		39	13	507
6		RL 500ML		64	13	832
7		SYRINGE		6	3	18
8		RBS		50	6	300
9		ONDE/EMSET		13	6	78
10		MONITAR CHARGE		300	3	900
11		NS250ML		29	6	174
12		INJ.DEXA		11	6	66
13		DAY CARE CHARGE (24 HOUR)		2000	3	6000
14		DR VISIT		300	5	1500
15		SYRINGE 10ML		13	3	39
16		SYRINGE 5ML		10	3	30

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Date		2025-09-25	Age		75 Year
Patient Name		MAHADEV MATHANKAR	Gender		Male
SNo.	Billing Head.	Rate	Quantity	Amount	
17	INJ..LEVOFLOX	276	6	1656	
18	CATHERLZATION	600	1	600	
19	INJ. PIPTAZ	296	9	2664	
20	CBC	200.00	2	400	
21	RFT	400	1	400	
22	LFT	600	2	1200	
23	URIN RM	100	1	100	

Total Amount		18642 Rs.
In Word : eighteen thousands six hundred and forty two R		Signature

Payment Receipt	
Number : 1147	
Received From : MAHADEV MATHANKAR	Amount : 18642.00
Total In Word : eighteen thousands six hundred and forty two Rupees	By :
Signature	