


Licence No. :MP-24094				
Bill No.		9/2023-24		
Date		2023-06-19	Age	43 Year
Patient Name		KAMLA BAI	Gender	Female
Admission Date		2023-06-19	Discharge Date	2023-07-02
SNo.	Billing Head.	Rate	Quantity	Amount
1	DR CONSULTATION FEE	150	1	150
2	ECG	200	1	200

Total Amount		350 Rs.
In Word : three hundred and fifty Rupees		Signature

Payment Receipt

Number : 9	
Received From : KAMLA BAI	Amount : 350.00
Total In Word : three hundred and fifty Rupees	By :
Signature	

Licence No. :MP-24094				
Bill No.		9/2023-24		
Date		2023-06-19	Age	43 Year
Patient Name		KAMLA BAI	Gender	Female
Admission Date		2023-06-19	Discharge Date	2023-07-02
SNo.	Billing Head.	Rate	Quantity	Amount
1	DR CONSULTATION FEE	150	1	150
2	ECG	200	1	200

Total Amount		350 Rs.
In Word : three hundred and fifty Rupees		Signature

Payment Receipt

Number : 9	
Received From : KAMLA BAI	Amount : 350.00
Total In Word : three hundred and fifty Rupees	By :
Signature	