


Licence No. :				
Bill No:		35	Date: 2021-07-02	
Patient Name:		HDHD	Age: 54 Year	Gender:Male
SNo.	Billing Head	Rate	Quantity	Amount
1	LFT	500	1	500
2	BLOOD SUGER	100	1	100
3	HIV TEST	300	1	300
4	MALERIA TEST	100	1	100

Total Amount		1000 Rs.
In Word : one thousand Rupees		Signature

Payment Receipt		
Number : 35		
Received From : HDHD		Amount : 1000.00
Total In Word : one thousand Rupees		By :
		Signature