# INVOICE

| | | | |
|---|---|---|---|
| Patient Name: | Alberto Scorfano | DOB: | 01/06/2014 |
| UHID: | 41436 | Visit No: | 202405140001 |
| Appointment Date: | 14/05/2024 18:27:42 | Gender/Age: | Male/9Y/11M/5DY |
| Address: | | Phone No: | 9966580448 |

| | |
|---|---|
| Doctor Name: Dr.Venkat James | Bill No:120759 |
| Guarantor: | Bill Date:14/05/2024 20:16:32 |

| S.No | Service Name | ICD10 | Qty | Amount | Discount | Net Amount |
|---|---|---|---|---|---|---|
| 1 | HAEMOGLOBIN | | 1.00 | 80.00 | 0.00 | 0.00 |
| 2 | MANTOUX TEST | | 1.00 | 80.00 | 0.00 | 0.00 |
| 3 | DIFFERENTIAL COUNT | | 1.00 | 80.00 | 0.00 | 0.00 |
| 4 | ANAEMIA PROFILE | | 1.00 | 80.00 | 0.00 | 4,500.00 |

| | | | | | |
|---|---|---|---|---|---|
| Total | 4,500.00 | Discount Amount | 0.00 | Net Amount | 4,500.00 |
| | | | | Paid | 4,500.00 |
| | | | | Due | 0.00 |

Receipt Details

Receipt: Rcpt-7571,2024-05-14 20:16:32,USD.4500.00,Cash

Authorized Signature

VENKAT

Printed On: 17/09/2026 04:37:40