INPATIENT FINAL BILL / RECEIPT- BREAKUP

IP No:	5682	Bill No:	100749
UHID:	41435	Bill Date:	23/05/2024 20:20:03
Patient Name:	Harrison K	Age/Gender:	21Y/9M/18DY/Male
Address:	85 Featherstone Street,	Phone No:	8794561235
Room/Bed:	DELUXE 211 /Bed 8		
Ward:	DELUXE ROOM		
Guarantor:		Admission Date & Time:	05/05/2024 18:25:25
Doctor Name:	Dr. PETER M OKIN	Discharge Date & Time:	00/00/0000 00:00:00

S.No	Service Name	Qty	Amount	Discount	Net Amount
1	ANAEMIA PROFILE	1.00	80.00		4,500.00
2	SMEAR STUDY / PERIPHERAL SMEAR	1.00	80.00		600.00
3	COOMBS DIRECT - DAT	1.00	80.00		330.00

Total	5,430.00	Discount	0.00	Net Amount	5,430.00
				Paid	1.00
				Due	0.00

Receipt Details

Receipt: Rcpt-7577,20/05/2024 18:45:47,Rs.1.00,Cash

Authorized Signature

VENKAT

Printed On: 17/09/2026 04:34:19