Patient Invoice and Receipt

Bill No. : 2025-1

Patient's Details

Name	:PatientName Surname	**Reg. Type**	Indoor Case
Age	:23 **Sex** :Male	**Reg No**	I-20250228001
Adress	:---------	**Admission Date**	:28-02-2025
Village	:VillageName	**Admission Time**	:10:00
District	:---------	**Dicharge Date**	:28-02-2025
Mobile No.	:1111111111	**Discharge Time**	:11:00

Detailed Breakup

From	To	Service	Rate	Quantity	Discount	Amount (Rs).
28-02-2025	28-02-2025	Service1	100	1	10	90.00
				Total Bill Amount:		90

In Words: Ninety Rupees only

Payment Mode: :Cash/Online **Billing Date** :28-02-2025

Consulting Doctor :Dr Name **Signature**