IARSHA

HARSHA HOSPITALS

Plot No.141&144/1, Sapthagiri Colony Kukatpally, Hyderabad-500072, Ph: 23066393. fax:040-23067193,E-Mail:info@harsha-hos

OP Bill - Cum - Receipt

Pt Name : Mrs.G.NAGAMANI

Bill No : BIL12814

Bill Dt : 12-May-2017 UMR NO : UMR17010007 Age/Sex: 30Y(s)/Female

Phone : 9886944494

| Ker By            | : WALKIN   | Concultant . M.N.                          |                          |                                   |
|-------------------|--|--|--------------------------|-----------------------------------|
| 1 2               | Service Name HAEMOGLOBIN GCT (GLUCOSE CHALLENGE TEST) BT & CT (BLEEDING & CLOTTING TIME) | Service Cd<br>PAT0021<br>BIO0092           | Qty Rate 1 50.00 1 40.00 | Amount (Rs)<br>50.00<br>40.00     |
| Cash Amt : 190.00 |  | PAT0010                                    | 1 100.00                 | 100.00                            |
|                   | . 150.00   | Bill Amt<br>Emp Payable Amt<br>Receipt Amt | :                        | <b>190.00</b><br>190.00<br>190.00 |

Received with thanks from G.NAGAMANI. A Sum of 190.00/-

: One Hundred Ninety Rupees Only

Create By Print By

: TIRUPATHI

: TIRUPATHI

Create Dt : 12-May-2017 12:41:48 pm

Print Dt : 12-May-2017 12:41:49 PM

(Authorised Signatory)

UMR17010007



BIL12814



## HARSHA PHARMACY (CHEMIST&DRUGGIST)

(UNIT OF HARSHA HOSPITALS)

D.NO.4-32-1/141&144/1/NR, SAPTHAGIRI COLONY,

KUKATPALLY, HYDERABAD-72.

PHONE:8008850650 Email:info@harsha-hospitals.com

D.L.No 20B :TG/15/02/2015-9926 D.L.No 21B :TG/15/02/2015-9927

Name : G.NAGA MANI P.Id:

Doctor: DR.M. NEETHA

Invoice: SE02329

UMR No :

Date :09/06/2017

S.NO PRODUCT NAME SCH MFG BATCH EXPIRY QTY RATE AMOUNT NATVIE- FORTE CAP 10S MD F16016 3/2018 15 19.79 296.85

Gross: 296.85

DISCOUNT: 0.00 Roun: 0.15 Net Amt:

297.00

Subject to Hyderabad Jurisdiction E.&O.E.

\*Loose Tablets not refundable\*Fridge Items not refundable

Returns Accept within 48 hours only\*Bill Compulsory for returns

For: HARSHA PHARMARE (CHEMISTEDRUGGIST)