

Name Of Patient :

Age:

Gender :

Address:

Dr.:

Billing To:

Serv Tax Reg No.:

Licence No.**CE-4-96-98-99**

Ref.No.:

Sr.No.	Description	Qty	Amount
1 .	MRI - ( L ) KNEE JOINT	1	

Net payable : 6600.00

Advance : 5000.00

TCS 1%

Balance/Due : 1600.00

Mode:

Total Amount : 6500.00

Less Adjusted : 500.00

Bill Amount : 6600.00

Rupees:Six thousand Six hundred only

All Disputes Subject to Jurisdiction Only

E.& O.E.  
For **Dkm infotech**

**MRI**

Regd No : 237493

Name Of Patient :**MR. ABHI MONDAL**

Address:SILIGURI SILIGURI SILIGURI

Dr.:A.CHOWDHURY (KHORIBARI RURAL HOSPITAL)

Bill No: 35980

Age:23Y

Date : 22/03/24

Gender :Male

Sr.No.	Description	Qty	Amount
1 .	( L ) KNEE JOINT	1	6500.00