

Patient User Id:

BIZBRAINZ TECHNOLOGIES PRIVATE LIMITED

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Patients Medical Tests Receipt

Receicpt No:.	Date:

Doctor User Id:

Patient Details Doctor Details

Patient Name : Doctor Name:

Patient Mobile No. : Doctor Mobile No. :

S.No	Medical Tests	Discription	Total Amount
1	test	test	500.00
2	BCA	vdveve	7000.00

Tests Total Amount:

Discount Amount:

Sub Total Amount:

GST (18%):

Grand Total:

BIZBRAINZ TECHNOLOGIES PRIVATE LIMITED.

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