

**RECEIPT**

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| **Receipt No.** : I - 83431  **Payment Mode** : DEBIT CARD | **Name** : **Mr. Amit Joshi (Male / 42 years)**  **Referral** : **Dr. Vishal Choudhari** | **Patient ID** : 62317  **Date** : 19/11/2023 |
| **Sr. Test Name** |  | **Test Price** |
| 1 MRI CERVICAL SPINE |  | 20000.00 |

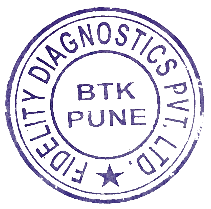
Payable Amount (in words) : Twenty Thousand only Total :20000.00

Payable Amount :20000.00

Total Paid :20000.00

Chart, line chart

Description automatically generated



Cashier's Signature

