SECURITY AMOUNT RECIEPT

Appointment Id	: 152	**Patient id**	: DH_18
Name	: Adi Aaa	**Mobile No**	: 9806324244
Doctor Name	: Dr. Shadab	**Branch Name**	: Madan Mahal
Payment Date	:	**Payment Mode**	: Cash

Payable Amount INR	5000.00
Amount Paid INR	5000.00

Prepared by :SHADAB