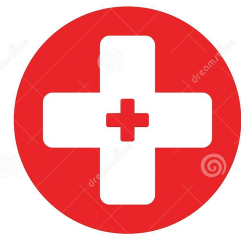


# Company Name : Neerogya Helth Care Center

**Name :**K.D.K Kodikara  
**Address :**123/ Abilipitiya  
**City :**Abilipitiya  
**Zip Code:**4356  
**Phone :**+94754543459  
**Email :**neerogyacare@hospital.com



**Issued By :**manula © dreamstime.com ID 135146804 © Studio11g1

**Invoice No :**IPDIID2 **Date :**2022-07-20T10:03:42

**Patient**  
**Patient Id :** 200145902514  
**Name :** Pasindu Madushan  
**Address Line1 :** 324/ Katulanda  
**Address Line 2 :** Biyagama  
**City :** Biyagama  
**Zip Code:** 1234

**Admitted Date :** 2022-07-20T09:39:45 **Discharge Date :** 2022-07-20T10:03:42

Drug Code	Drug Name	Qty	Unitt Price	Total
DrugID1	C Vitamin	1.0	10.0	10.0
DrugID1	C Vitamin	1.0	10.0	10.0
DrugID1	C Vitamin	1.0	10.0	10.0

**Room Charge:** 2000.0  
**Total:** 2530.0  
**Discount:** 30.0  
**Nettotal:** 2500.0  
**Payment:** 2500.0  
**Payment Type:** Card  
**Balance:** 0.0

Thank You For Your Business