

# MAHINDRU HOSPITAL

(A UNIT OF MAHINDRU HOSPITALS PVT. LTD.)

E-1, Kiran Garden, Main Najafgarh Road, Uttam Nagar, New Delhi-110059

E-mail : mhkgm@yahoo.co.in

EPBX No.: 011-44726202, 41752913, 41046417, 40586579 ☎.: 8750805444

## RECEIPT FOR ULTRASOUND



Receipt No./USG:-

566

Book No.

06

Dated 10/04/25

Age 13y

Received with thanks from Mr./Miss/Mrs Mr Priyadarshi

The sum of Rupees One Thousand Two Hundred only

by Cash UPI

on account of WIA

1200

For MAHINDRU HOSPITAL





# MAHINDRU PATHOLOGY LAB

(FULLY COMPUTERISED LABORATORY)

E-1, KIRAN GARDEN, MAIN NAJAFGARH ROAD, UTTAM NAGAR, NEW DELHI-110059  
(FULLY COMPUTERISED 24 HOURS LABORATORY)

Receipt No. : 25-26/0/1173 Date 11/04/2025

Patient Id 2504110087

## Receipt

Name MST. PRIYEDARSHI Age 12 Yrs. 6 Mn. ~~Sex~~DayM  
Ref.By. MAHINDRU HOSPITAL ( OPD ) Srl.No. 87

Received with thanks a sum of Rs. 2800/-- from MST. PRIYEDARSHI By CARD on a/c of :

Sr. Particulars	Report Date/Time	Charges (Rs.)
1 URINE C & S		300
2 MHCP COMPLETE HAEMOGRAM, LFT, KFT, LIPID PROFILE, TSH		2500

Total Charges :Rs. 2800/-- Total Received :Rs. 2800/-- Balance : Rs. 0/--

Patients are requested to please collect their report within 7 days otherwise Diagnostic Center will not responsible for any kind of query • Report will be issued after showing payment receipt only.



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