CUSTOMER INVOICE



ILAJ AYUR HERITAGE HOSPITAL

Manjeri, Kavalangad- 676 122 Malappuram Dist. Kerala, India info@ilajayurheritage.com | +91 6235 009 000 www.ilajayurheritage.com

Discharge Bill

Bill No: 12345

MRD: 2 Name: address: age: Gender:

Date: 02-08-2023

Room No: admission Date: Discharge Date: Chief Doctor: Consuling Doctor:

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