



**SYNERGY MULTISPECIALTY HOSPITAL LLP**  
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### Bill Receipt

Appointment No.: -  
Patient Name: -  
Patient Age: -  
Category: -  
Doctor: -  
Date-Time: -  
UHID: -  
Gender: -  
Company: -

### Services Details

Sr.No.	Department	Services	Qty	Rate	Total
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### Payment Details

Sr.No.	Timestamp	Receipt No.	Mode	Amount	Ref.No.
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1	- - -	Rs.-	Rs.-		
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