

SYNERGY MULTISPECIALTY HOSPITAL LLP

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Bill Receipt

Bill Date: Not Mention

Patient Name: Not Mention

Age:

Patient Company:Not Mention

Consulting Doctor:Not Mention

Bill Time:Not Mention

UHID:Not Mention

Sex:Not Mention

Service Code	Service Name	Qnty.	Rate	Amount
1333	Blood Test	1	100	100
1333	Blood Test	1	100	100
1333	Blood Test	1	100	100
			Total Amount(RS.)	100.00
			Net Amount(RS.)	100.00
	Paymen	t Details		
Mode Of Payment	Trans No	Date	Bank Detail	Amount
Not Mention	Not Mention			Not Mention
	1333 1333 1333 Mode Of Payment	1333 Blood Test 1333 Blood Test 1333 Blood Test Payment Mode Of Payment Trans No	1333 Blood Test 1 1333 Blood Test 1 1333 Blood Test 1 Payment Details Mode Of Payment Trans No Date	1333 Blood Test 1 100 1333 Blood Test 1 100 1333 Blood Test 1 100 Total Amount(RS.) Net Amount(RS.) Payment Details Mode Of Payment Trans No Date Bank Detail