



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

Sr.No.	Service Code	Service Name	Qty.	Rate	Amount
1	1333	Blood Test	1	100	100
2	1333	Blood Test	1	100	100
3	1333	Blood Test	1	100	100
Total Amount(RS.)					100.00
Net Amount(RS.)					100.00

Payment Details

Sr. No.	Mode Of Payment	Trans No	Date	Bank Detail	Amount
	Not Mention	Not Mention			Not Mention

