

SYNERGY MULTISPECIALTY HOSPITAL LLP

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Bill Receipt							
Appointment	No. :	_		Date-Time	:	_	
Patient Name		_		UHID	:	_	
Patient Age	:	_		Gender	:	_	
Category	:	-		Company	:	-	
Doctor	:	-					
		-	Services I	Details			
Sr.No.	Departm	ent	Services	Qtv	Rate		Total