

# NS multispeciality hospital

123, Main Road, Coimbatore - 641001

Phone: +91 99421 29724 | Email: help@nshospital.com

## Medical Invoice

**Billed To:**

Test Patient Six  
9988776655  
123 St, Test City, TS, 500001

**Invoice Details:**

Bill No: #\_GEN\_6  
Date: 12/28/2025  
Doctor: Dr. Test Six  
Type: OPD

#	Description	Rate	Qty	Amount
1	Consultation	500.00	1	500.00

**Total: Rs. 500.00**

**Grand Total: Rs. 500.00**

Payment Mode: Cash

Authorized Signatory

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## Patient Information Form

### Personal Details

<b>Patient Name:</b>	Test Patient Six	<b>Patient ID:</b>	-
<b>Age:</b>	30	<b>Gender:</b>	Male
<b>Phone:</b>	9988776655	<b>Email:</b>	-
<b>Blood Group:</b>	-	<b>Patient Type:</b>	OPD

### Address Details

<b>Line 1:</b>	123 St	
<b>Line 2:</b>	-	
<b>City:</b>	Test City	<b>State:</b> TS
<b>Pincode:</b>	500001	

### Emergency Contact

<b>Name:</b>	-	<b>Relation:</b>	-
<b>Phone:</b>	-		

### Medical Details

<b>Allergies:</b>	-
<b>Existing Conditions:</b>	-
<b>Current Medications:</b>	-

### OPD Visit Details

<b>Visit Count:</b>	1	<b>Last Visit:</b>	-
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## Doctor Information Form

### Professional Details

**Doctor Name:** Dr. Test Six

**Specialization:** -

**Experience:** -

**Qualification:** -

**Registration No:** -

**Consultation Fee:** Rs 500

### Contact Information

**Phone:** -

**Email:** -

### Availability

**Days:** -

**Time:** - to -

### Doctor Bio

No bio available.

### Rating & Reviews

**Average Rating:** -

**Total Reviews:** 0

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## Prescription Summary Report

Prescription / Rx				
Medicine Name	Dosage	Freq	Duration	Instruction
Med A	1-0-1	-	5 days	-

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## Radiology / Scan Report

### Scan: MRI Brain

Type: -

Date: -

Description: -

Indication: -

Findings:

Normal study

Impression:

-

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## General Checkup Report

Date: 12/28/2025

### Patient Details

Name: Test Patient Six      Age/Gender: 30 / Male

### Vitals & Measurements

BP	Pulse	Temp	O2 Level	Weight
120/80				

### Diagnosis & Details

Final Diagnosis: Healthy

Doctor's Signature:

Dr. Dr. Test Six  
28/12/2025