

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

Patient Name: Test Patient Six

Patient ID: -

Age: 30

Gender: Male

Phone: 9988776655

Email: -

Blood Group: -

Patient Type: OPD

Address Details

Line 1: 123 St

Line 2: -

City: Test City

State: TS

Pincode: 500001

Emergency Contact

Name: -

Relation: -

Phone: -

Medical Details

Allergies: -

Existing Conditions: -

Current Medications: -

OPD Visit Details

Visit Count: 1

Last Visit: -

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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
120/80

Pulse

Temp

O2 Level

Weight

Diagnosis & Details

Final Diagnosis: Healthy

Doctor's Signature:

Dr. Dr. Test Six
28/12/2025