We received [Reg\_amount] Rupees from [patient], {{name}}, [age] Yrs, [gender] as Consultant Fee on [Date].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| {{%tr for i in list%}} |  |  |  |  |  |
| {{i[0]}} | {{i[1]}} | {{i[2]}} | {{i[3]}} | {{i[4]}} | {{i[5]}} |
| {{%tr endfor%}} |  |  |  |  |  |

{{gst}}

{{total}}

Thank you.

Authorized Signature