



1st Floor, Above SBI,
Shyam Swastik, Plot No 4, Sector 19, Ulwe
(+91) 8097090308 / 8097653705
hospitalfeenixx@gmail.com
www.feenixhospital.com

Invoice

Invoice Number	Date
FXH2023017	31-07-2023

Patient Information

Patient ID	LCT24609079
Patient Name	Shirin Ragbansingh
Date of Addmission	31-07-2023 21:39
Date of Discharge	
Consultant	DR. SWAPNIL GANESHPURE

Invoice Details

Description	Price	Unit	Total
OPD Charges	150	1	150

Payment Summary

Total:	150
Total Paid Amount:	0
Total Remaining Amount:	150

For any inquiries or questions, please contact us at (+91) 8097090308 / 8097653705 or hospitalfeenixx@gmail.com.

Thank you !