

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
FXH2023001	01-08-2023

Patient Information

Patient ID	LCT24609079
Patient Name	Shirin Ragbansingh
Date of Addmission	01-08-2023 21:34
Date of Discharge	
Surgery Date	
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!