

Hospital Name

Address in full line

Contact information

Name: : dsada Date: : 13-11-2025
Consult Dr: : sadsa Sex/Age: : Male/2 years

Medicine Detail

S. No	Type	Name	Mrp	Tax	Tax Amt	Quantity	Varient	Discount	Total Amt
1	Tablets	dsa	₹1.9	2%	₹ 0.38	1Nos	-	0	₹ 1.938
Amount in words: : ONE					Sub Total			₹ 1.90	
Payment Mode: : -					Discount			₹ 0	
					Total Tax			₹ 0.038	
					Total			₹ 1.94	

The above payment is made as per my requirement and with my full consent .