

Patient Name: rohini
Department: Cardiology
Consulting Dr.: Vijay

IPD ID: 3409042025

Receipt No.: IPD-3409042025 **Admitted Date:** 09/04/2025

Billing Details

No	Description	Date	Qty	Amount (¹)
1	Room Charge (Type 1)	09/04/2025	1 day	700
2	HGT	11/04/2025	1	1000
			Grand Total	1700

Payment Mode	
Cash	
Patient Signature	Hospital Authority