



**Patient Name :** Rohit Linge

**Patient Age :** 25

**Disease :** as

**Consulting Dr. :** Yash

**UH I'd Number :** AH112032025

**Patient Sex:** Male

**Receipt No. :** RC4702052025

**Receipt Date :** 2025-05-02

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## Billing

No	Summary	Quantity	Amount
1	Consultation fee	-	500
		Grand Total	500.00

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Signature