



**Patient Name :** Rohit Linge

**Disease :** Fever

**Consulting Dr. :** Yash

**UH I'd Number :** AH112032025

**Receipt No. :** RC1724032025

**Receipt Date :** 2025-03-25

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## Billing

No	Summary	Quantity	Amount
1	Consultation fee	-	233
2	X-Ray	2	1000
3	Liver Function Test	1	770
Grand Total			2003.00