

Patient Name: Sameer UH I'd Number: AH421032025

Disease: as Receipt No.: RC2028032025

Consulting Dr.: Yash Receipt Date: 2025-03-28

Billing

| No | Summary | Quantity | Amount |
|----|---------------------|-------------|---------|
| 1 | Consultation fee | - | 233 |
| 2 | Liver Function Test | 1 | 770 |
| | | Grand Total | 1003.00 |