

Patient Name: Sameer UH I'd Number: AH421032025

**Disease :** as **Receipt No. :** RC3107042025

Consulting Dr.: Vijay Receipt Date: 2025-04-07

## **Billing**

No	Summary	Quantity	Amount
1	Consultation fee	-	690
2	НСТ	2	2000
		Grand Total	2690.00