

Patient Name: Atharv UH I'd Number: AH817042025

Patient Age: 23 Patient Sex: Male

**Disease:** asdfg Receipt No.: RC4910052025

Consulting Dr.: Yash Receipt Date: 2025-05-10

## **Billing**

No	Summary	Quantity	Amount
1	Consultation fee	-	500
		<b>Grand Total</b>	500.00

Signature	