



**Patient Name :** Nikhil

**Disease :** Fever

**Consulting Dr. :** Yash

**UH I'd Number :** AH1025042025

**Receipt No. :** RC3825042025

**Receipt Date :** 2025-04-25

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## Billing

| No | Summary          | Quantity    | Amount  |
|----|------------------|-------------|---------|
| 1  | Consultation fee | -           | 233     |
| 2  | HGT              | 1           | 1000    |
|    |                  | Grand Total | 1233.00 |