



**Patient Name :** Lukika

**Patient Age :** 26

**Disease :** as

**Consulting Dr. :** Yash

**UH I'd Number :** AH213032025

**Patient Sex:** Female

**Receipt No. :** RC5010052025

**Receipt Date :** 2025-05-10

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## Billing

No	Summary	Quantity	Amount
1	Consultation fee	-	1000
		Grand Total	1000.00

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Signature