



**Patient Name:** Lukika  
**Department:** Cardiology  
**Consulting Dr.:** Yash

**IPD ID:** 4826042025  
**Receipt No.:** IPD-4826042025  
**Admitted Date:** 26/04/2025

### Billing Details

No	Description	Date	Qty	Amount (')
1	Room Charge (Type 1)	26/04/2025	1 day	1000
Discount				0
Grand Total				1000

### Payment Mode

Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority