

***RECEIPT***

**CASE REG NO : {CASENO}**

**NAME : {NAME}**

**AGE/GENDER : {AGE}**

**SERVICE**

**DOCTOR CONSULTATION** **: XYZ**

**MEDICINAL CHARGES** **: {MCHARGES}**

**OTHER SERVICES** **: {SCHARGES}**



**TOTAL RS.** **: {TOTAL}**



**REMARK**

**DATE** **: {DATE}**

**MEMO/BILL NO.** **: {BILLNO}**

**CONSULTING DOCTOR** **: {DOC}**

**ATTENDING DOCTOR** **: {ADOC}**



**AMOUNT**



Received with thanks from {THANKS}

|  |  |
| --- | --- |
| **Payment Details** |  |
| Received by (Cash/Online) | **: {PAYMENT}** |
|  |  |
| **Amount in Words** | **: {AMTWORDS}** |

