

***RECEIPT***

**CASE REG NO :**

**NAME : Harshal Rudra**

**AGE/GENDER : /**

**SERVICE**

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

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

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



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



**REMARK**

**DATE** **: 23/08/2024**

**MEMO/BILL NO.** **:**

**CONSULTING DOCTOR** **:**

**ATTENDING DOCTOR** **:**



**AMOUNT**



Received with thanks from {THANKS}

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

