

***RECEIPT***

**CASE REG NO : one**

**NAME : two**

**AGE/GENDER : three**

**SERVICE**

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

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

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



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



**REMARK**

**DATE** **: four**

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

**CONSULTING DOCTOR** **: six**

**ATTENDING DOCTOR** **: seven**



**AMOUNT**



Received with thanks from {THANKS}

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

