

***RECEIPT***

**CASE REG NO :**

**NAME :**

**AGE/GENDER : /**

**SERVICE**

**DOCTOR CONSULTATION** **: 0**

**MEDICINAL CHARGES** **: 0**

**OTHER SERVICES** **: 0**



**TOTAL RS.** **: 0.0**



**REMARK**

**DATE** **: 02/09/2024**

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

**CONSULTING DOCTOR** **:**

**ATTENDING DOCTOR** **:**



**AMOUNT**



Received with thanks from

|  |  |
| --- | --- |
| **Payment Details** |  |
| Received by (Cash/Online) | : |
|  |  |
| **Amount in Words** | : zero |

