

## Case Details

|  |  |
| --- | --- |
| Case Reg No: | [ ] |
| Name: | [ ] |
| Age/Gender: | [ ] |
| Date: | [ ] |
| Memo/Bill No: | [ ] |
| Consulting Doctor: | [ ] |
| Attending Doctor: | [ ] |

## Services and Amount

|  |  |
| --- | --- |
| Service | Amount (Rs) |
| Doctor's Consultation | [ ] |
| Medicinal Consultation | [ ] |
| Other Services | [ ] |
| Total Rs: | [ ] |

## Remark

Received with thanks from: [ ]

## Payment Details

|  |  |
| --- | --- |
| Received by (Cash/Online): | [ ] |
| Amount in Words: | [ ] |

