KVR HOSPITAL

Tourist Hotel Backside, Sanjeevanagar, NANDYAL 518-501

Phone No : 08514 - 220234

OP Receipt

: Mr. V VENU GOPAL RAO **Patient Name**

Age & Gender : 50 Years & Male

: 2308294 UHID/UMR No

: 28/03/2023 08:00 PM Reg.Date

: 230328131 **OP Number**

: 28/03/2023 8:00 PM OP.Date

: Cash BIII Type

Phone Number : 2852588258 : SAMBHAVARAM. Address

Consultant ; Dr.DR. A SUMANTH Department : Cardiology Sponsor (Company) : General

Amount BIII No 250.00 Charges S.No Service Name 230328131 Consultant Charges Rs. 250.00 Consultant Two Hundred Fifty Rupees Only Total: 0.00

Cash Amount :0,00 Card Amount: 0.00

Total: 250.00 Registration-UPI: Cash Amount :250.00

Note2: This card valid up to Dt; 31/03/2023



Authorized Signature

KVR HOSPITAL

Lab Investigation Fee Receipt (OP) - Paid

Tourist Hotel Backside, Sanjeevanagar, NANDYAL 518-501

Phone No: 08514 - 220234

Patient Name: Mr. V VENU GOPAL RAO

Created By: recp@kvr.in, Printed By: recp@kvr.in

Age & Gender: 50 Years & Male Phone No.

: 2852588258

UHID/UMR No : 2308294

Bill Type Bill Date

Patient OP No : 230328131

: Cash

: 28/03/2023 08:08 PM

Phone No. : 2852588258 Sponsor (Company) : General		Per Li.		Consultant: Dr.DR. A SUMANTH			
			Department : Cardiology				
		No of Times	Bill No/Receipt No	Account Type	Status	Fee	Amount
S.No	Service Name	NO OL TRIBOS		Investigations		250	250
1	ECG	1 1	00003577	Investigations		700	700
2	screening echo 1	1	OC003577	II 14030 Barous		Т	otal: 950.00

Cash Amount: 950.00

Nine Hundred Fifty Rupees Only

Payment Mode: Cash

Authorized Signature