

## Outpatient Bill Report

### referral\_details

SL No	Bill No	Date	Mrd No	Name	Refer	Modality	Study	Amount	Discount	Total	Balance	Amt
1	250923011	2025-09-23	56	chethan	N/A	CT	EXTREMITY WITH 3D (ARM, FOREARM, THIGH)	6,000.00	0.00	6,000.00	0.00	1,500.00
							Total:	6,000.00	0.00	6,000.00	0.00	1,500.00