

Recieved Payments

Enter patient name

search

Patient Name	Phone number	Address	Type of treatment	Card details	Payed amount	Amount due	Total amount
Patient-A	123456789	H.No, Street name, city, state	Asthma	Master card	200\$	No	200\$
Patient-B	4567980786	H.No, Street name, city, state	Diabetes	Visa	500\$	200\$	700\$
Patient-C	098764346	H.No, Street name, city, state	Vomiting	American express	800\$	500\$	1300\$

Patient-Z	234567890	H.No, Street name, city, state	Depression	Visa	500\$	600\$	1100\$
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Payments Unreceived

Patient name	Phone number	Address	Type of treatment	Card details	Payed amount	Amount due	Total amount
Patient-A							
Patient-Z							