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| --- |
| **Sea Cox’s Diagnostic Center**  Address  Phone |

|  |  |
| --- | --- |
| **PT ID:** Patient\_id | **TID:** 1234 |
| **Name:** Patient\_Name | **Age:** 15 |
| **Ref. DR:** Ref\_doctor | **Gender:** Male |
| **PT Mobile No:** pt\_mobile\_no |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.** | **Description** | **Price** | **Discount** | **Paid Amount** |
| 1 | Desc1 | Price1 | Discount1 | Paid1 |
| 2 | Desc2 | Price2 | Discount2 | Paid2 |
| 3 | Desc3 | Price3 | Discount3 | Paid3 |
| 4 | Desc4 | Price4 | Discount4 | Paid4 |
| 5 | Desc5 | Price5 | Discount5 | Paid5 |
| 6 | Desc6 | Price6 | Discount6 | Paid6 |
| 7 | Desc**7** | Price7 | Discount7 | Paid7 |
| 8 | Desc8 | Price8 | Discount8 | Paid8 |
| 9 | Desc9 | Price9 | Discount9 | Paid9 |
| 10 | Desc10 | Price10 | Discount10 | Paid10 |
| 11 | Desc11 | Price11 | Discount11 | Paid11 |
| 12 | Desc12 | Price12 | Discount12 | Paid12 |
| 13 | Desc13 | Price13 | Discount13 | Paid13 |
| 14 | Desc14 | Price14 | Discount14 | Paid14 |
| 15 | Desc15 | Price15 | Discount15 | Paid15 |
| 16 | Desc16 | Price16 | Discount16 | Paid16 |
| 17 | Desc17 | Price17 | Discount17 | Paid17 |
| 18 | Desc18 | Price18 | Discount18 | Paid18 |
| 19 | Desc19 | Price19 | Discount19 | Paid19 |
| 20 | Desc20 | Price20 | Discount20 | Paid20 |
| **Total** | |  |  |  |

Total Amount:

Advance:

Due:

Auth. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Receipt Will Be Delivered at 7.00 PM