



VIJAYASHREE HOSPITALS

OP BILL CUM RECEIPT

Reg No : 1718/12940 Category : REGULAR PAYING
Patient Name : Mr. MAHESHA MG Billdate : 2/1/18
Age/ Gender : 29.0Y Bill No : 1718/80906 12:54 pm
Address : MADHUMITRA LAYOUT JIGANI ANEKAL Ref.Dr. Name : Dr. SELF

DR JISHA

Sl No.	PARTICULARS	Qty	Gross amount	Concession	AMOUNT
1	DENTAL PROCD-Service	1.00	2,000.00	0.00	2,000.00
			2,000.00	0.00	2,000.00

Bill summary

Net payable by patient 2,000.00 Net Received from patient 2,000.00

Payment Summary

Receipt No	Amt Received	Amt.Refund	Mode	Chq. Dt.	Chq.NO	Bank Name
01718/26142	2,000.00	0.00	CC	1-Feb-18		

Amount in words Two Thousand Rupees only

Received with thanks a sum of

ANUSHA

Cashier

Consultation will be valid for 06 days for same Doct

No. 187/2, Vinayaka (APC) Circle,
Jigani Link Road,
Jigani, Anekal Tq
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