

## **JABALPUR HOSPITAL & RESEARCH CENTRE**

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ORIGINAL COPY

PATIENT NAME: RECEIPT NO: MRS. ANUSHRI DUBEY JHU23240119528 JHR23240162805 DATE/TIME: **FATHER NAME:** VISIT ID: 27/02/2024 12:50 PM **AVINASH DUBEY** 

HID:

AGE: 27Y /FEMALE

DEPARTMENT: CONSULTANT: CONSULTING DEPARTMENT DR. PRIYA DUGGAL

GROUP: CASH

TOKEN NO:

Consultant Name

DR. PRIYA DUGGAL

JH023241657920

MOBILE NO: 9630062321

REFFERED BY: SANT JALA RAM BAPU NAGAR TILAHARI . HOSPITAL CASE

ADDRESS: ,JABALPUR

CORPORATE:

TOTAL AMOUNT: 500

Charges 500

Discount

Net Amount 500

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NET AMOUNT: PAID AMOUNT 500 500 ( FIVE HUNDRED ONLY )

CASH:

27/02/2024 12:50 PM MISS NANDINI KEWAT

Prepared By:

