



Dr. KAMAKSHI MEMORIAL HOSPITAL PVT. LTD.

#1, Radial Road, Pallikaranai, Chennai-600 100. Tel : 044 - 6630 0300, Fax : 6630 0400

E-mail : info@drkmh.com Website : www.drkmh.com

PAID BILL

Patient No :180837
Patient Name :Baby. MOVITHA REDDY
Age/Sex :2 Year(s)/F
Ref. Physician Name:Dr.SRAVANTHI KOSURI

Bill Date :25/06/2016
08:01:50
Bill No :1344067
LabNo :510797

S.NO	Description	Units	Amount
1	SHOULDER - AP/LAT SHOULDER - AP/LAT Accession NO: 1830864	1.00	550.00

Payment Mode:

Credit/Debit Card Indian Rupees 550.0000 (ICICI 5007)

Gross Amount: 550.00

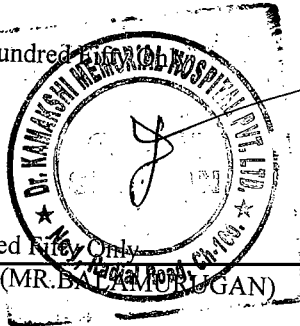
Grand Total: 550.00

Net Amount : 550.00

Amount Received : 550.00

Paying Currency: (Indian Rupees) Five Hundred Fifty Only

Billed By: (MR. BALAJI MURUGAN)





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PAID BILL

Patient No :180837
Patient Name :Baby. MOVITHA REDDY
KANDULA
Age/Sex :2 Year(s)/F
Ref. Physician Name:Dr.DEEPAK KUMAR K.S

Bill Date :25/06/2016
11:29:10
Bill No :1344436
LabNo :510924

S.NO	Description	Units	Amount
1	SHOULDER AP(X-RAY) SHOULDER AP(X-RAY) Accession NO: 1830990	1.00	550.00

Payment Mode:

Credit/Debit Card Indian Rupees 550.0000 (ICICI 5007)

Gross Amount: 550.00

Grand Total: 550.00

Net Amount : 550.00

Amount Received in Words: (Rupees) Five Hundred Fifty Only



Paying Currency: (Indian Rupees) Five Hundred Fifty Only

Amount Received : 550.00

Billed By: (MR.YUVARAJ)