BILL

Patient Name	: dgdfg	**Date**	: 26-November-2021
Sex / Age	: Male / 5 Years	**Bill No**	: 25
Ref Doctor	: A A KUNDE		
Sample Collect At	:		

Sr. No.	Test Name	Rate
1	..	200
2	..-	1530
3	.-*-bu--	170

Total Amount	1950.00
Visit Charges	100.00
Discount	50.00
Total Bill Amount	50.00
Amount Paid	1950.00
Balance Amount	

Authorised Signatory