Phone: Email: GST No:

# **DISCHARGE BILL**

## **Patient Information:**

Name: Shreya ABHA ID: ABHA2250 Age/Gender: 22/Female Contact: 545515151

### **Admission Details:**

Ward Type: General Bed Number: 56

Admission Date: 20/3/2025 Discharge Date: 20/3/2025

# **Doctor Details:**

Attending Doctor: Dr. Emily Brown

Department: Pediatrics

# <u>Treatment Details:</u>

Diagnosis: dnsjdbs Treatments: cscbshdcb

#### **Bill Details:**

Description	Amount
Room Charges	11000
Doctor Fees	12700
Medicine Charges	¹1500
Other Charges	1500
Total	¹5700

This is a computer-generated bill and does not require signature. Generated on: 20/3/2025, 7:13:57 pm