



Smart Institute of Rehabilitation Medicine



Receipt

#0001

MR No: _____ Name: _____ Age: _____

Category: R ☐ N/R ☐ Emp. ☐ Cell# _____

Ser.	Service Category	Amount
1	Consultation	
2	Electro Diagnosis	
3	Pain Procedures	
4	Phsiotherapy	
5	OT	
6	SLP	
7	Psychology	
8	Nutrition	
9	P&O	
10	LAB	
Total Amount		
Discount		
Net Amount		
Amount Received		



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