



ADVANCE PAYMENT RECEIPT

MRN No.	:	PRR/157751/25	Advance Date	:	2025-11-17 13:25:21
Receipt No.	:	CMH/REC/664336	Age/Gender	:	30 - Years / Male
Patient Name	:	Karthikeyan M	Payment Mode	:	CARD
Address	:	11 vijay illam 7th avenue ramakrishna Nagar porur			
Phone	:	9944081200			
Consultant	:				

Received with thanks a sum of Rs. 100,000.00 only from Karthikeyan M towards advance by CARD dated 2025-11-17 13:25:21.

Note: In case of not availing the services from our hospital, the claim for advance payment should be made within 3 months from the date of advance. If not, the advance will be forfeited.



Dr. Agarwal's Eye Hospital Ltd.

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Website : www.dragarwal.com | CIN No. : L85110TN1994PLC027366 | GST No. : 33AAACD2373G1Z2

