



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.

Main Hospital : No. 222, TTK Road, Alwarpet, Chennai - 600 018, India.

Mobile : +91 80481 93193 | Tel. : 044 - 4300 8800 | Email : cmh@dragarwal.com | www.dragarwal.com



Regd. Office :

3rd Floor, Buhari Towers, No.4, Moores Road, off Greaves Road, Near Asan Memorial School, Chennai - 600 006.

Contact : 78248 19990 | Email : info@dragarwal.com

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