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| Patient info | | | | |
|--|-----------------|--------------|-----------------|--|
| Name: | Mobile: | Blood group: | Martial status: | |
| DOB: | Age: | Address: | | |
| Bill Info | | | | |
| Patient amount / payer amount / deposit: | Payment mode: | Amount: | Received from: | |
| Doctor Name and Treatment | | | | |
| Problem: | | | | |
| Doctor Name: | Treatment Name: | | | |

| localhost | 1 | May-14-2018 |
|-----------|---|-------------|