Islamabad Medical Hospital

MEDICAL BILL RECEIPT

Receipt Number: ____453456

Bill Date: 30/11/2023

Name of Doctor: ____ Dr. Freed Ullah Khan

CCU Bed No: _05

Name of Patient: Said Hussain

Sex: Male

Date of Admission: 20/11/2023

Date of Discharge: 30/11/2023

Department: Cardiology

Diagnosis: Cardiothoracic Surgery

Code	Description of Services/Medicine/Products	Rate	Line Total
01	CONSULTATION CHARGES (PER DAY)	10,000	100,000
02	CCU BED CHARGES 10 DAYS	45,000	450,000
03	NURSING CHARGES	8,000	80,000
04	BLOOD TRANS <mark>FUSION ADMINIS</mark> TRATION CHARGES	8,000	24,000
05	SURGERY / PROCED <mark>URE CHARG</mark> ES		250,000
06	ANESTHESIA		80,000
07	SURGEON CHARGES		200,000
08	OT CHARGES	ST	150,000
09	LABORATORY CHARGES		150,000
10	PHARMACY, MEDICINE AND SURGICAL ARTICLE		180,000

Email: islamabadmedicalhospital@gmail.com

Total: PKR 1,664,000

Payment Method: Cash

Amount Status:



Land Line: 051-2325022 Address: G9-1 Islamabad