DIAGNOSTICS BILL

16010260 GSTIN: 36AARCD6598G1ZC

YH NO: 116220870

Receipt No: ORE197050/20

16949268 Diag No:

CAS - F- C2

Patient Name: MRS. VIMALA B

Age & Gender: 60 Yrs /F

YASHODA ate&Time of Billing: 14/12/2020 1:19:48 pm HOSPITALS Poctor

Type: CASH

M.S.ADITYA.

Consultation Doctor: M S ADITYA .

No	Test Cd	Name of Investigation		Reports After		Amount
AC: 9993 - Health care Services				Reports Arter		Amount
1	CAST03	STRESS (TMT)				2,300.00
				Total	:	2300.00
				Paid	1	2300 00
				Cash Amount	:	2,300.00

1)No test can be encashed or eachanged in any profiles or packages.

7:00 AM - 9:00 PM (Working Days)

2)Validity of the bill is 30 days from the date of bill. 9:00 AM - 6:00 PM (Sundays & public Holidays)

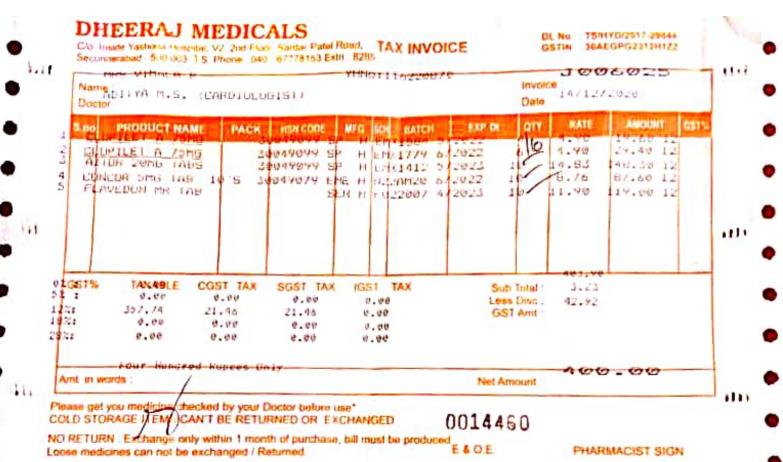
LAHANDAY NABAYANA YA

Note: 1 Please submit this record at the time of frux bit settlement.

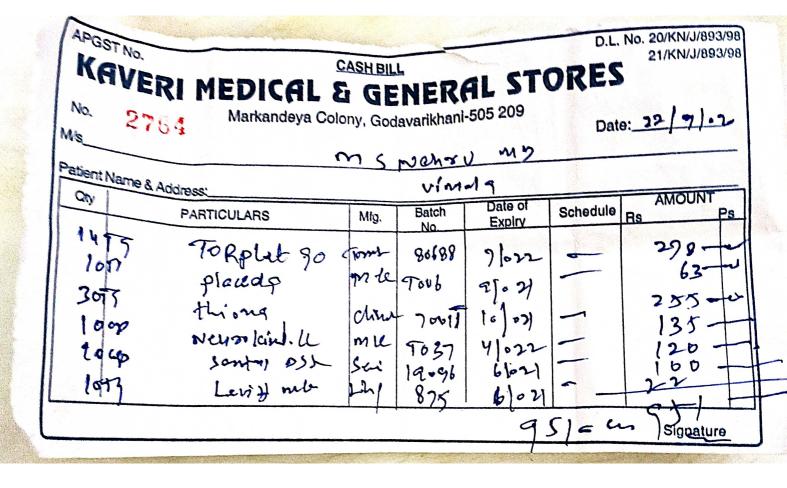
2. Refunds if any above Rs. 5000/-will be done by Alic payee cheque only

3 Please sear a repy of the recept no duplicate copy will be assued.

DNo 1-156 5-151 Servino Harri Mara Kara Rhanan, S.P. Road, Securiderapad - 500 003, Terangania, Ph. +91 40 2771 3333, 4567 4567.



PHARMACIST SIGN



APGST No. KAVER	I MEDICAL 8 Markandeya Co	CASH BILL GEN Lony Goda	VERA varikhani-5	L STO	RES	2/9/073 3/KN7/893/98
M/s Patient Name & /		m	vimal	3		
City Car	PARTICULARS	Mfg.	Batch No.	Expiry	Schedule Rs	AMOUNT PS
locy	Ditem cogo	men	367021 2645	2/622		130-0
100	menssidmy	Mars	211	8'		100
[e]	Azilkasmynig	w Celly	143	76		Signature

