

**FINAL BILL OF SUPPLY- CONSULTATION RECEIPT****HEALTH CARE SERVICE - SAC: 999312****DEPARTMENT OF OBSTETRICS**

<b>MR No</b>	: 674501	<b>Receipt No.</b>	: HG-1 11180708
<b>Patient Name</b>	: Mrs.CHAVAN UDAYA SRI W/O RATHOD SAI	<b>Date</b>	: 01/07/2022
		<b>Time</b>	: 01:31:44 pm
<b>Consultant Dr.</b>	: SAILAJA DEVI K.	<b>Last Consult Dt</b>	: 16/05/2022
<b>Rupees</b>	: Rs. 550/- (Received Rupees Five Hundred Fifty Only )		

**Pay Mode** : Credit Card**For Fernandez Foundation****User Name : 7062NAZIA****Authorised Signatory**

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