

**Final Bill of Supply - Diagnostics Bill****Health Care Service - SAC: 999316**

**MR No** : 674501  
**Patient Name** : Mrs. UDAYA SRI CHAVAN  
W/O SAI KRISHNA  
**Type** : Hospital  
**Doctor** : SAILAJA DEVI K.

**Bill Date** : 06/05/2022 1.45 PM  
**Age/Sex** : 26 Years8 / Female  
**Bill No** : 26443  
**Req No** : **HG 4** 2830407  
**Mobile No** : 8985206636

S.No	SAC Code	Investigations	Emergency	Amount (Rs)
1		HAEMOGRAM		540.00
2		HB Variants Estimation by H.P.L.C.- I		1000.00

Rupees One Thousand Five Hundred Forty rupees only

**Total Amount:** 1540.00**Pay Mode** : Credit Card**Diagnosis** : ..**Paid Amount :** 1540.00

Authorised Signatory

User Name: 6331TABASSUM

You can check your reports online at  
[www.fernandezhospital.com](http://www.fernandezhospital.com) and click the Lab reports tab

**Username** : 2830407**Password** : UDR2856702

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