



INCISIVESOFT

Token:

Printed On:14-02-2017 11:18:42

OPD Room # ER

RECEIPT # : R-14021117-2017	Date: 14-02-2017
REGISTRATION # : MR-1409-0023	Time: 11:18
Patient : Mr. Muhammad Khalid	Sex : Male
F / H: Jalil Ahmed	Age : 50 Y
OPD DOCTOR :	Cell#: 03442441110

S.No	CHARGES DESCRIPTION	AMOUNT	
1	IVP & Cystography	3,000	
<hr/>			
Total Bill	Discount Amount	Recieved	Due Amount
3,400.00	0.00	3,400.00	0.00
** This is computer generated slip, No signature required **			Created By:

Note: Service charges will be taken separately.

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