

**Token:** Printed On:10-11-2016 08:27:45

## OPD Room # ER

RECEIPT #: R-30091039-1963	Date: 30-09-2015
REGISTRATION #: MR-1509-1303	Time: 10:41
Patient : Mr. Customer Test	Sex : Male
F/H: Test	Age : 0 Y
OPD DOCTOR:	Cell#: 12344321

S.No	CHARGES DESCRIPTION	AMOUNT		
1	I/V Infusion 100ml	100		
2	Dressing Minor	100		
Total Bill	Discount Amount	Recieved	Due Amount	
200.00	0.00	150.00	50.00	
** This is computer generated slip, No signature required **		(	Created By: him	

**Note:** Service charges will be taken separately.