INCISIVESOFT



Token: Printed On:21-02-2017 08:21:01

OPD Room # ER

| RECEIPT #: R-21020820-2031 | | Date: 21-02-2017 | |
|--|---------------------------|------------------------|--------------------|
| REGISTRATION #: MR-1409-0023 | | | Time: 08:21 |
| Patient : Mr. Muhammad Khalid | | | Sex : Male |
| F / H: Jalil Ahmed | | | Age : 50 Y |
| OPD DOCTOR: | | | Cell#: 03442441110 |
| S.No | CHARGES DESCRIPTION | AMOUNT | |
| 1 | Blood Grouping R/H Factor | 100 | |
| 2 | Blood Grouping R/H Factor | 100 | |
| Total Bill | Discount Amount | Recieved | Due Amount |
| 100.00 | 0.00 | 100.00 | 0.00 |
| ** This is computer generated slip, No signature required ** | | Created By: TestingUAT | |

Note: Service charges will be taken separately.