

Token: Printed On:10-11-2016 07:28:16

OPD Room # ER

RECEIPT # : R-16110943-1964

REGISTRATION # : MR-1409-0003

Patient : Mr. Nadir

F / H: Sohail

OPD DOCTOR :

Date: 16-11-2015

Sex : Male

Age : 1 Y

Cell#: 02136362183

S.No CHARGES DESCRIPTION AMOUNT
1 Advance Deposit 0

Total Bill Discount Amount Recieved Due Amount 0.00 0.00 10,000.00 0.00

** This is computer generated slip, No signature required **

Created By: TestingUAT

Note: Service charges will be taken separately.