INCISIVESOFT

OPD Room # ER

RECEIPT # :		Date: 01-01-1970
REGISTRATION # :		Time: 01:00
Patient :		Sex :
F / H:		Age : Y
OPD DOCTOR :		Cell#:

S.No	CHARGES DESCRIPTION	AMOUNT	
1	GENERAL OPD	0	

Total Bill	Discount Amount	Recieved	Due Amount
0.00	0.00	0.00	0.00

** This is computer generated slip, No signature required **   Created By:

Note: Service charges will be taken separately.