



## INCISIVESOFT

**Token:**

Printed On:14-02-2017 10:28:55

**OPD Room # ER**

RECEIPT # : R-14021028-2004	Date: 14-02-2017
REGISTRATION # : MR-1702-1316	Time: 10:28
Patient : Mr. x	Sex : Male
F / H: y	Age : 0 Y
OPD DOCTOR :	Cell#: 03249156879

S.No	CHARGES DESCRIPTION	AMOUNT	
1	Platelet Count	150	
2	Platelet Count	150	
<hr/>			
Total Bill	Discount Amount	Recieved	Due Amount
150.00	0.00	150.00	0.00
** This is computer generated slip, No signature required **			Created By:

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

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