

INCISIVESOFT

Token: Printed On:14-02-2017 12:45:41

OPD Room # ER

| RECEIPT #: R-14021245-2027 | | Date: 14-02-2017 | |
|--|--------------------------------------|---------------------------|--------------------|
| REGISTRATION # : MR-1409-0023 Patient : Mr. Muhammad Khalid | | Time: 12:45 Sex : Male | |
| | | | |
| OPD DOCTOR: | | | Cell#: 03442441110 |
| S.No | CHARGES DESCRIPTION | AMOUNT | |
| 1 | ESR (Erythrocyte Sedimantation Rate) | 100 | |
| 2 | ESR (Erythrocyte Sedimantation Rate) | 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: | |

Note: Service charges will be taken separately.