Date: Sun
Dear Aarav:
Patient Name: Patient ID: 1234
n Street, City
provement with antibiotics Discharge Diagnosis Code: Resolved Bronchit
Discharge Instructions: Complete the prescribe ics course
Additional I Patient has a history of allergies to penicillin To State 1
We would like to thank you for taking our service for Acute treatment! You will receive a billing details along with Complete the particular antibiotics course. The Total Charge of the treatment is 5000.0. Please respond by following up with Dr. Pr
Thank you very much and we look forward to serving you.
Sincerely,

Your Name Here