



SUNRISE HOSPITAL
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9550252384
arya@gmail.com

Patient info				
Name: KASIUMAMAHESH		Mobile: 8500050944	Blood group: O+	Age: 25
Address: testing				
Prescription Details				
Medicine Name	Expiry Date	QTY	Amount	Total Amount
cronin	2019	2	55	110
Thyroxin	2025	2	55	110
Prescription Billing Mode			Cash Payment	