E-3

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT

(HEALTH CARE SERVICE - SAC: 999312)

DEPARTMENT OF ENDOCRINOLOGY

Patient Name:	**Mrs.SONAM SHARMA**	MR No:	**718139**	Date/Time:	**08/03/2023 09:26:37**
	W/O DEEPAK SINGH RANA	Receipt No:	**SH 11377022**	Last Consult Dt:	**28/02/2023**
Consultant Dr.:	**SANTOSH R**			

Rupees:	**(Received Rupees Seven Hundred Fifty Only)**	Total Bill Rs: **750**
Pay Mode:	**Credit Card**	
For Fernandez Foundation.		Paid Rs: **750**

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E-2

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT
(HEALTH CARE SERVICE - SAC: 999312)
DEPARTMENT OF ENDOCRINOLOGY

Patient Name:	Mrs.SONAM SHARMA	MR No:	718139	Date/Time:	08/02/2023 12:19:58
	W/O DEEPAK SINGH RANA	Receipt No:	SH 11355227	Last Consult Dt:	08/02/2023
Consultant Dr.:	SANTOSH R				

Rupees:	(Received Rupees Seven Hundred Fifty Only)	Total Bill Rs:	750
Pay Mode:	Credit Card		
For Fernandez Foundation.		Paid Rs:	750

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT

(HEALTH CARE SERVICE - SAC: 999312)

DEPARTMENT OF ENDOCRINOLOGY

Patient Name:	**Mrs.SONAM SHARMA**	MR No:	**718139**	Date/Time: **11/01/2023 11:52:47**
	W/O DEEPAK SINGH RANA	Receipt No:	**SH 11334095**	Last Consult Dt: **07/01/2023**
Consultant Dr.:	**SANTOSH R**			

Rupees:	**(Received Rupees Seven Hundred Fifty Only)**	Total Bill Rs:	**750**
Pay Mode:	**Paytm**		
For Fernandez Foundation.		Paid Rs:	**750**

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8-2-698, Road No. 12, Banjara Hills, Hyderabad 500034, Telangana, India   GSTIN 36AAACF3069M1ZE | CIN U85110TG1991NPL013233 | E & O E

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT

(HEALTH CARE SERVICE - SAC: 999312)

DEPARTMENT OF CHILD BIRTH CLASS ENGLISH

Patient Name:	**Mrs.SONAM SHARMA**	MR No:	**718139**	Date/Time:	**11/03/2023 11:58:55**
	W/O DEEPAK SINGH RANA	Receipt No:	**SH 11379686**	Last Consult Dt:	**09/03/2023**
Consultant Dr.:	**CHILD BIRTH PKG ENGLISH CLASS**				

Rupees:	**(Received Rupees Two Thousand Eight Hundred Only)**	Total Bill Rs:	2800
Pay Mode:	**Online tele Adjustment**		
For Fernandez Foundation.		Paid Rs:	2800

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT
(HEALTH CARE SERVICE - SAC: 999312)
DEPARTMENT OF NUTRITION

Patient Name:	**Mrs.SONAM SHARMA**	MR No: **718139**	Date/Time: **08/04/2023 05:09:56**
	W/O DEEPAK SINGH RANA	Receipt No: **SH 11400782**	Last Consult Dt: **04/04/2023**
Consultant Dr.:	**ASMA SAJID TELE-CONSULT**		

Rupees:	**(Received Rupees Five Hundred Only)**	Total Bill Rs: **500**
Pay Mode:	**Online tele Adjustment**	
For Fernandez Foundation.		Paid Rs: **500**

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT

(HEALTH CARE SERVICE - SAC: 999312)

DEPARTMENT OF NUTRITION

Patient Name:	**Mrs.SONAM SHARMA**	MR No:	**718139**	Date/Time:	**08/03/2023 09:26:36**
	W/O DEEPAK SINGH RANA	Receipt No:	**SH 11377021**	Last Consult Dt:	**28/02/2023**
Consultant Dr.:	**LATHA SASHI**				

Rupees:	**(Received Rupees Seven Hundred Fifty Only)**	Total Bill Rs:	**750**
Pay Mode:	**Credit Card**		
For Fernandez Foundation.		Paid Rs:	**750**

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT

(HEALTH CARE SERVICE - SAC: 999312)

DEPARTMENT OF NUTRITION

Patient Name:	**Mrs.SONAM SHARMA**	MR No:	**718139**	Date/Time:	**08/02/2023 11:57:10**
	W/O DEEPAK SINGH RANA	Receipt No:	**SH 11355186**	Last Consult Dt:	**21/01/2023**
Consultant Dr.:	**LATHA SASHI**				

Rupees:	**(Received Rupees Seven Hundred Fifty Only)**	Total Bill Rs:	**750**
Pay Mode:	**Paytm**		
For Fernandez Foundation.		Paid Rs:	**750**

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT

(HEALTH CARE SERVICE - SAC: 999312)

DEPARTMENT OF NUTRITION

Patient Name:	**Mrs.SONAM SHARMA**	MR No:	**718139**	Date/Time:	**21/01/2023 03:39:32**
	W/O DEEPAK SINGH RANA	Receipt No:	**SH 11341854**	Last Consult Dt:	**11/01/2023**
Consultant Dr.:	**ASMA SAJID TELE-CONSULT**				

Rupees:	**(Received Rupees Five Hundred Only)**	Total Bill Rs:	**500**
Pay Mode:	**Online tele Adjustment**		
For Fernandez Foundation.		Paid Rs:	**500**

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FINAL BILL OF SUPPLY- CONSULTATION RECEIPT

(HEALTH CARE SERVICE - SAC: 999312)

DEPARTMENT OF NUTRITION

Patient Name:	**Mrs.SONAM SHARMA**	MR No:	**718139**	Date/Time:	**07/01/2023 05:18:57**
	W/O DEEPAK SINGH RANA	Receipt No:	**SH 11331694**	Last Consult Dt:	**05/01/2023**
Consultant Dr.:	**ASMA SAJID TELE-CONSULT**				

Rupees:	**(Received Rupees Five Hundred Only)**	Total Bill Rs:	**500**
Pay Mode:	**Online tele Adjustment**		
For Fernandez Foundation.		Paid Rs:	**500**

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Please scan the QR code to leave a feedback about our services.   Print Date/Time: 29/04/2023 5.16.51 PM   7295BHUVANESWARI

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