



0-1

Final Bill of Supply - OPD Procedure Bill

(Health Care Service - SAC: 999311/316)

Patient Name: Mrs SONAM SHARMA MR No: 718139 Bill Date/Time: 09/02/2023 6.59.57 PM
Relative Name: DEEPAK SINGH RANA Bill No: 875843 Age/Sex: 31Years 29Days/Female
Doctor Name: JOGITHA

S.No.	SACCODE	Service Name	QTY	RATE	AMOUNT
1		Injection Administration Charges	1	40.00	40.00

Rupees: Forty Rupees Only

Total Amount Rs: 40.00

Pay Mode: Credit Card

Note: This is a computer-generated document. No signature is required.

Paid Amount Rs: 40.00



Please scan the QR code to leave a feedback about our services.

Print Date/Time: 29/04/2023 5.23.27 PM

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Final Bill of Supply - OPD Procedure Bill
(Health Care Service - SAC: 999311/316)

Patient Name: Mrs SONAM SHARMA MR No: 718139 Bill Date/Time: 28/02/2023 12.38.57 PM
Relative Name: DEEPAK SINGH RANA Bill No: 879723 Age/Sex: 31Years 1Months 17Days/Female
Doctor Name: INDIE KAUR

S.No.	SACCODE	Service Name	QTY	RATE	AMOUNT
1		Vaccination Administration Charges	1	40.00	40.00

Rupees: Forty Rupees Only Total Amount Rs: 40.00
Pay Mode: Credit Card
Note: This is a computer-generated document. No signature is required. Paid Amount Rs: 40.00



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Final Bill of Supply - OPD Procedure Bill
(Health Care Service - SAC: 999311/316)

Patient Name: **Baby Of SONAM SHARMA** MR No: **734467** Bill Date/Time: **20/04/2023 10.21.37 AM**
Relative Name: **DEEPAK SINGH RANA** Bill No: **890402** Age/Sex: **5Days/Female**
Doctor Name: **SUNKARA RAMSAI S**

S.No.	SACCODE	Service Name	QTY	RATE	AMOUNT
1		Bilicheck	1	330.00	330.00

Rupees: **Three Hundred Thirty Rupees Only** Total Amount Rs: **330.00**

Pay Mode: **Credit Card**

Note: This is a computer-generated document. No signature is required.

Paid Amount Rs: **330.00**



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Print Date/Time: 29/04/2023 5.52.22 PM

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