***Thank you for your business!***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SR# | PARTICULARS | RATE | DISCOUNT | AMOUNT |
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| If you have any questions regarding this invoice, you can contact us on our given address. | | | **Subtotal:** |  |
| **Tax Rate:** |  |
| **Tax:** |  |
| **Med claim:** |  |
| **Payments made:** |  |
| **Total Bill:** |  |

**Patient Name: Age:**

**Address: Hospital No.:**

**Bed No.:**

**Admission Date:**

**Discharge Date:**

**Consultant:**

**Mode of Payment:**

**Hospital Name**

Slogan

Address

Contact Info

Website address

**INVOICE**