Receipt

HR No	:	**26278**	Receipt No	:	**049898**
Patient Name	:	**Mrs. JAYANTHI SEKHAR**	Receipt Date	:	**31-10-2026 | 05:08:46 pm**
Age	:	**78Y 8M / Female**			

Received **Rs. (0)** only from **Mr./ Ms.** JAYANTHI SEKHAR / attender on the account of / for the purpose of **Rs.15070/- direct dis-conformed Dr.Murali.K(plastic surgeon)** and discount Rs. **15070.00** is hereby acknowledged receipt thereof.

Authorized Signatory

This is a system generated receipt. Therefore, no seal or signature is required.

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