Receipt

HR No	:	**1536**	Receipt No	:	**046717**
Patient Name	:	**Mrs. THANGAMANI K.**	Receipt Date	:	**30-05-2026 | 10:16:33 am**
Age	:	**63Y 11M / Female**			

Received **Rs.Three Thousand Seven Hundred And Ninety-nine (3799)**__ only from **Mr./ Ms.** THANGAMANI K. attender__on the account of / for the purpose of **dialysis bill**___ in the mode of **, Card - 089407**__ with thanks.

Authorized Signatory

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

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