# Receipt

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|---|---|---|---|---|---|
| HR No | : | **3139** | Receipt No | : | **050009** |
| Patient Name | : | **Mr. ANBAZHAGAN A** | Receipt Date | : | **07-11-2026 \| 11:37:31 am** |
| Age | : | **62Y 5M / Male** | | | |

Received **Rs.One Thousand Seven Hundred And One (1701)** only from **Mr./ Ms.** ANBAZHAGAN A , on the account of / for the purpose of **dialysis payment** in the mode of **Cash**

Authorized Signatory

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

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