# Receipt

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|---|---|---|---|---|---|
| HR No | : | **3139** | Receipt No | : | **046854** |
| Patient Name | : | **Mr. ANBAZHAGAN A** | Receipt Date | : | **06-06-2026 \| 11:12:58 am** |
| Age | : | **62Y / Male** | | | |

Received **Rs.One Thousand Seven Hundred (1700)** only from **Mr./ Ms.** ANBAZHAGAN A

on the account of / for the purpose of **DIALYSIS PAYMENT** in the mode of **Cash** with thanks.

Authorized Signatory

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

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