

INVOICE



Event ID: 4053
Event Date: 2025-03-01
Last Updated:2025-03-05 10:27

BILL DETAILS
Invoice ID: DMHHC/2024-2025/2243
Date:2025-03-01

PATIENT DETAILS

Name: Vinayak Wag
Mobile:7057807841
Residential Address:At Post Pimpalwandi
Permanent Address:At Post Pimpalwandi

SERVICE DETAILS

Service:Physiotherapy
Sub Service: Cardio Respiratory Case

Professional Name	Sessions	Start Date	End Date	Amount
Dr Chaitali Test	1	01-03-2025	01-03-2025	₹900
Dr Chaitali Test	1	05-03-2025	05-03-2025	₹900

Discount Value:

Final Amount (INR): ₹1800
Received Amount (INR): ₹1800.0

Declaration:

We declare that this Bill shows the actual price of the services described and that all particulars are true and correct.

Company's Bank Detail:
Bank Name: HDFC BANK
IFSC Code: HDFC0000007
Branch: Bhandarkar Road
Account: 50200010027418

7620400100

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