
CHERPULASSERY CO-OPERATIVE HOSPITAL D & R

Ltd. No. P. 1288 CHERPULASSERY

PALAKKAD DT - 679503

PROCEDURE BILL CCHB

Patient Name : SUNIL KUMAR 48

Bill Number: CCHB2526/000704

OP Number : CCHB2425/000703

Bill Date : 03/06/2025

Doctor : Dr.DR.LAKSHMI NARAYANA

Bill Time : 12:52:01

SlNo.	Particulars	Amount
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1	DIALYSIS UNIT	1,100.00
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Total	1,100.00
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Net Amount (Payable):	1,100.00
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Rupee(s) One Thousand One Hundred Only

Prepared by :

(Signature of Cashier)

PROCEDURE BILL CCHB

Patient Name : SUNIL KUMAR 48

Bill Number: CCHB2526/000776

OP Number : CCHB2425/000703

Bill Date : 10/06/2025

Doctor : Dr.DR.LAKSHMI NARAYANA

Bill Time : 11:49:40

SNo.	Particulars	Amount
1	DIALYSIS COLLECTION	1,100.00

Total 1,100.00

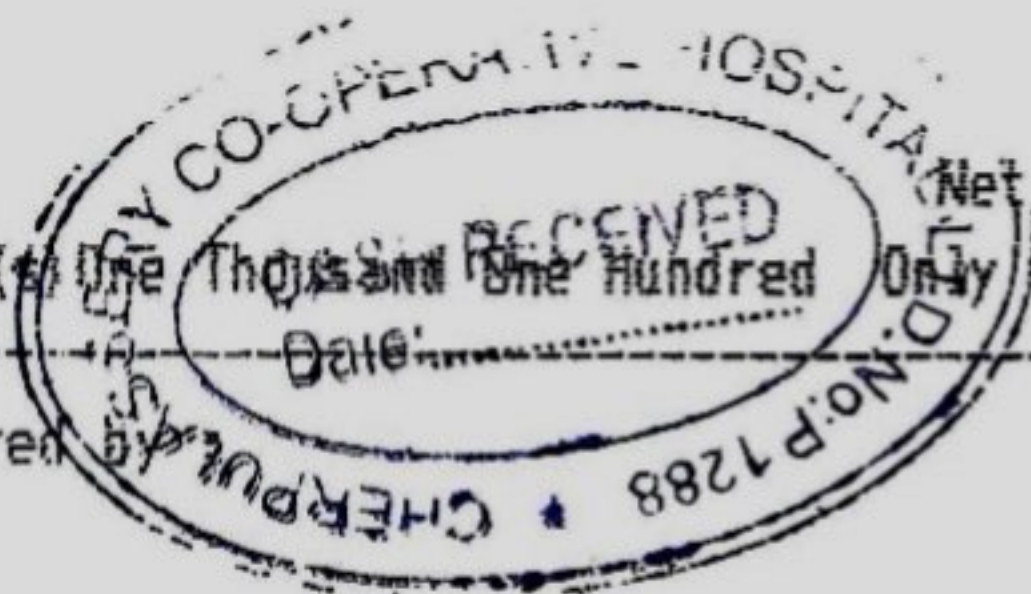
Net Amount (Payable): 1,100.00

Rupee (One Thousand One Hundred Only)

Date:

Prepared by

(Signature of Cashier)



CHERPULASSERY CO-OPERATIVE HOSPITAL D &

Ltd. No. P. 1288 CHERPULASSERY

PALAKKAD DT - 679503

PROCEDURE BILL CCHB

Patient Name : SUNIL KUMAR 48

Bill Number: CCHB2526/000843

OP Number : CCHB2425/000703

Bill Date : 17/06/2025

Doctor : Dr.DR.LAKSHMI NARAYANA

Bill Time : 11:08:20

SlNo.	Particulars	Amount
1	DIALYSIS COLLECTION	1,100.00

Total 1,100.00

Net Amount (Payable): 1,100.00



(Signature of Cashier)



CHERPULASSERY CO-OPERATIVE HOSPITAL D &

Ltd. No. P. 1288 CHERPULASSERY

PALAKKAD DT - 679503

PROCEDURE BILL CCHB

Patient Name : SUNIL KUMAR 48

Bill Number: CCHB2526/000910

OP Number : CCHB2425/000703

Bill Date : 24/06/2025

Doctor : Dr.DR.LAKSHMI NARAYANA

Bill Time : 12:50:47

S/No.	Particulars	Amount
1	DIALYSIS COLLECTION	1,100.00

Total 1,100.00

Net Amount (Payable): 1,100.00



(Signature of Cashier)

CHERPULASSERY CO-OPERATIVE HOSPITAL D & R
Ltd. No. P. 1288 CHERPULASSERY
PALAKKAD DT - 679503

PROCEDURE BILL CCHB

Patient Name : SUNIL KUMAR 48 Bill Number: CCHB2526/000945
OP Number : CCHB2425/000703 Bill Date : 27/06/2025
Doctor : Dr.DR.LAKSHMI NARAYANA Bill Time : 12:57:22

S.No.	Particulars	Amount
1	BTALYSIS COLLECTION	1,100.00
Total		1,100.00

Rupees One Thousand One Hundred Only Net Amount (Payable): 1,100.00
Date: _____
Prepared by: _____
(Signature of Cashier)

