

Radiology Services Receipt

Receipt No: **RDL-20240624-001**

Date: **2024-06-24**

Patient Information

Name: **Jane Doe**

Patient ID: **RDL-02568**

Age/Gender: **42 / F**

Contact: **+123-456-7890**

Facility Information

Radiology Center: **Sunrise Imaging Clinic**

Address: **123 Health Rd, Cityville**

Phone: **+123-555-6789**

Referring Physician: **Dr. Smith Lee**

Service/Procedure	Code	Qty	Unit Price	Amount
Chest X-Ray (PA View)	XR-101	1	₹500	₹500
Abdominal Ultrasound	US-210	1	₹1200	₹1200
MRI Brain	MRI-002	1	₹3500	₹3500

Subtotal	₹5200
Discount	₹200
Total Paid	₹5000
Payment Mode	Credit Card

Remarks: All reports will be ready for collection within 24 hours.

Authorized Signature

Important Notes:

- This receipt is proof of payment for services rendered and should be retained for future reference.
- Please verify all details upon receipt; contact the facility immediately for any corrections.
- Charges are non-refundable once the diagnostic procedure has been performed.
- Reports and images are to be collected by presenting this receipt at the reception.