



# SINDH GOVERNMENT SERVICES HOSPITAL KARACHI

## DETAILED STATEMENT OF MEDICAL CHARGES

IN RESPECT OF MR. \_\_\_\_\_

### A. HOSPITAL CHARGES (COMPLETE BILL WITH PAID STAMPED)

S.NO.	NAME OF HOSPITAL	DATE	AMOUNT	REMARKS
1.				
2.				
3.				
4.				
5.				
		TOTAL:-		

### B. MEDICINES CHARGES WITH SERIAL NOS. AND DATE. (PRINTED)

S.NO.	VOUCHER NO.	DATE	AMOUNT
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
		TOTAL:-	

### C. CONSULTATIO CHARGES

S.NO.	VOUCHER NO.	DATE	AMOUNT
1.			
2.			
3.			
4.			
5.			
		TOTAL:-	

A.N.A

Contd.....P.No.

**D. LABORATORY & X-RAY ETC. MEDICINES**

S.NO.	VOUCHER NO.	DATE	AMOUNT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
		TOTAL:-	

**E. PHYSIOTHERAPY CHARGES**

S.NO.	VOUCHER NO.	DATE	AMOUNT
1.			
2.			
3.			
4.			
5.			
6.		TOTAL:-	

TOTAL CHARGES:- (A+B+C+D+E) Rs. \_\_\_\_\_

SIGNATURE:- \_\_\_\_\_