



**labo name: ibn sina**

adress: 36.327039,6.575282  
Tel.: +213 0561731860  
E-mail: zizou.b200320015@gmail.com

**patient national id: 1000005**

**patient name:** NADIA BOULEKROUNE  
telephone: 0561731858  
email: zi.zoub200320015@gmail.com

**transaction ID:**

Payment type: On Ligne  
Full payment made on: 2023-06-07 00:36:24.994583

**appointment ID: 258**

appointment date: 2023-06-06  
appointment time: 10:00

**table tarif**

Code	Description	Amount excl. VAT
BCP	Coagulation Panel	10.00 \$
<b>Total amount</b>		<b>0</b>

**Standard notes**

Please note this is the only copie you can get if there is any mistake about this document contact us

