

TestInsure Diagnostic Center

BOOKING RECEIPT

Booking ID: 24

Date: 2025-12-12

Patient Name: Jeevan

Patient Email: j@gmail.com

Test Name: TEST2

Description: Test

Appointment Date: 2025-12-26

Time: 19:25 - 20:42

Total Amount: \$40.00

Payment Status: PAID

Thank you for choosing TestInsure.