TestInsure Diagnostic Center

BOOKING RECEIPT

Booking ID: 3

Date: 2025-12-10

Patient Name: Arjun

Patient Email: arj@gmail.com

Test Name: MRI SCAN

Description: Test for mri scan

Appointment Date: 2025-12-25

Time: 09:00 - 10:00

Total Amount: $25.00

Payment Status: PENDING

Thank you for choosing TestInsure.