

TestInsure Diagnostic Center

BOOKING RECEIPT

Booking ID: 1

Date: 2025-12-10

Patient Name: John

Patient Email: john@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: PAID

Thank you for choosing TestInsure.