

# TestInsure Diagnostic Center

## BOOKING RECEIPT

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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

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**Total Amount: \$40.00**

**Payment Status: PAID**

*Thank you for choosing TestInsure.*