



Shibale Medical Center

P.O. Box 23-3200, Bungoma

None | info@shibalemc.org

Invoice

Invoice Number: 1

Invoice Date: March 24, 2024

Invoiced to: Patient2

Total Amount: 3500.00

Item Name	Price	Category	Date
Kidney Function	12.00	Lab Test	March 24, 2024, 8:06 p.m.

Total Amount: 3500.00

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