



ABC Hospital

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OPD MEDICAL TEST REGISTRATION INVOICE

Invoice ID	8-2015-2-9
Invoice Date	07-Feb-15 9:05:32 AM
Patient Name	Avenger
Patient ID	89
Date Of Medical Test	24-Feb-15 12:00:00 AM
Time Of Medical Test	01:30 AM

Sr. No.	Medical Test Type
1	Urine Test
2	Endoscopy
3	Dental
