

Diagnostic Center Invoice

Appointment ID: 680273dc7a4d54577ab25cf1

Patient Details:

Name: Md.Hasnain
Email: ahmedhasnain9205@gmail.com
Address: Shodor
Gender: Male
Phone: 01799568786

Test Details:

Test Name: X-Ray
Price: \$10000
Category: Orthopedic

Appointment Details:

Appointment Date: 2025-04-19
Appointment Time: 09:46
Payment Status: paid
Status: booked

Thank you for choosing our diagnostic center.