

# careVista Superspeciality Hospital



## Labtest Bill

**Patient ID:** 1

**Bill No:** LB8626

**Patient Name:** Madhusmita Misra

**Billing Date:** 28/02/2022

**Gender / Age:** Female / 22 yrs

**Test Type:** Diagnostic Imaging

**Contact No:** 9654768433

**Testing Date:** 01-12-2021

**Address:** 25, abc road, Murshidabad

Test Name	Rate
MRI	6000

**Total Amount:Rs. 6000**

All Patient records are confidential and are revealed to the patient or his/her authorized representative only.