

ImageCare Diagnostic Centre

Shop No.8 & 9 , Ground Floor, Goodwill Square, Dhanori - 411015

EMail-Id-ImageCare@gmail.com , Website-

Phone No.- 7066448806

Time - 9:00 AM To 9:00 PM

INVOICE

UHID : ICDC-14568

Patient Name : Master Rishank Agarwal

Age / Gender : 5 Year / Male

Ref.Doctor : DR CHIRAG BHALERAO

Mobile No. : 9834329167

Bill No. : Bill-19283

Bill Date : 10/09/2024

Encounter No. : ENC-1513679

Print Date : 01/03/2025 04:31PM

	Sr. No	Service Name	Qty	Rate	Discount	Amount
	1	COMPLETE BLOOD COUNT (CBC)	1	270.00	0.00	270.00
				Total Amour	nt :	270.00
				Discount	;	0.00
				Net Amount	:	270.00
				Paid Amount	: :	270.00
П						

Payment Details

Receipt Number	: ISDH/19202	Receipt Date	: 10/09/2024 07:40PM	Total Paid Amount -	270.00
Payment Mode	Paid Amount				
E-Transfer	270.00	G-Pay			
Amount In Words -	- Two Hundred Seventy Rupees And Zero F		ro Paise Only	Cashier	
				Micc Sonali Bhocale	