


BILL/RECEIPT

Name **Mr. MOHAMMAD HAMZA**
 Age/Gender **26 Y 3 M 19 D /Male**
 Contact No. **8787201340**
 Address **Lucknow, Lucknow**
 UHID **AITD.0000059256**
 PanelName **STANDARD**

Bill **DITDB/25-26/00004025**
 Visit/Reg. Date **24-May-2025 11:55AM**
 Referred By **Dr.SELF**
 Visit No. **MITD65270**
 Home Collection No

#	Test Code	Test Name	Barcode No.	Token No.	Rate	Discount	Total
1	8854	AUSTRALIA MEDICAL EXAMINATION			6950.00	0.00	6950.00

Settlement	Payment	Receipt No.	Mode	Currency	Amount	TransactionID	Received By
Settlement	24-05-2025	DITDR/25-26/00003811	Cash	INR	6950.00		Sonu

Bill Amount : 6950.00
 Total Discount : 0.00
 Net Bill Amount : 6950.00
 Total Paid Amount : 6950.00

Received with thanks : Six Thousand Nine Hundred and Fifty

For Online Report: ID: IDITDA65940 Password: 2Q9H98

Online Patient reports available for 7 days.

Timings : 8.00am - 9.00pm, Help Line: 7311183975, 7311183976

The Films and report must be collected within Seven Days of the examination, centre will not be responsible after this period.

