

Orient Medical Diagnostic Centre

INVOICE

Invoice Details:

Invoice #: INV-2025-409036

Date: 6/12/2025

Status: PAID

Bill To:

Tonye Daniel

Patient ID: P-2025-381

Phone: 2348035153010

Services & Tests:

Description	Qty	Unit Price	Total
Chest X-Ray	1	!12,000	!12,000
Urine Culture & Sensitivity	1	!8,000	!8,000

Subtotal: !20,000

Total Amount: !20,000

Payment Method: CASH

Payment Date: 6/12/2025

Thank you for choosing Orient Medical Diagnostic Center