

MEDICAL INVOICE

Contact: | Email:

GSTIN: | PAN:

Patient Name: itis wutitiz

Date: 02/07/2025

Patient ID: 11

Invoice No: 24

Test Descript	HSN/SAC	Amount (₹)
	-	

Subtotal	199.00
GST (%)	0.00
Total Amount	199.00

Terms & Conditions:

- 1. Reports are valid for 6 months from date of issue
- 2. Original reports must be presented for any claims
- 3. Re-testing charges may apply for repeated tests



Scan to verify