

INVOICE

Date: June 30, 2025

Invoice #: 2

Patient Information

Name: QR Test

Patient ID: 7

Date of Birth: April 5, 1999

Billing Information

Status: Paid

Issued Date: June 30, 2025

Paid Date: June 30, 2025

Tests Performed

Test Name	Sample ID	Date	Price
-----------	-----------	------	-------

Total Amount: \$200.00

PAID