

MEDICAL INVOICE

Contact: | Email:

GSTIN: | PAN:

Patient Name: Patient Portal

Date: 02/07/2025

Patient ID: 14

Invoice No: 23

Subtotal	7587.00
GST (%)	0.00
Total Amount	7587.00

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