# **INVOICE**

Date: June 30, 2025

Invoice #: 6

#### **Patient Information**

Name: Another Att

Patient ID: 8

Date of Birth: September 9, 2009

#### **Billing Information**

Status: Paid

Issued Date: June 30, 2025

Paid Date: June 30, 2025

### **Tests Performed**

T' Sample ID	Date	Price
SMP-1008	June 30, 2025	\$

Total Amount: \$600.00

## Scan this QR code to verify this invoice or view patient results

Phone: | Email:

Generated on: June 30, 2025 19:16

