

MEDICAL INVOICE

Patient Name: thirdwns decharm	Date: 02/07/2025
Patient ID: 10	Invoice No: 21

T C	HSN/SAC	Qty	R I	Amount (MRU)
	-	1		
			Subtotal:	697.00
			GST (%):	0.00
			Total:	697.00

Terms & Conditions:

- 1. Reports 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