

MEDICAL INVOICE

Patient Name: seulgi kang

Date: 02/07/2025

Patient ID: 6

Invoice No: 22

Test HSN/SAC Description	Amount (₹)
-	
Subtotal	50.00
GST (%)	0.00
Total Amount	50.00

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