

MEDICAL INVOICE

Contact: | Email:

GSTIN: | PAN:

Patient Name: Another Att

Date: 02/07/2025

Patient ID: 8

Invoice No: 25

Test Description	HSN/SAC	Amount (■)
	-	
Subtotal		5785.00
GST (%)		0.00
Total Amount		5785.00

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