

MEDICAL INVOICE

Contact: | Email:

GSTIN: | PAN:

Patient Name: thirdwns decharm

Date: 02/07/2025

Patient ID: 10

Invoice No: 26

Test Description	HSN/SAC	Amount (■)
	-	
Subtotal		758.00
GST (%)		0.00
Total Amount		758.00

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
- 4. Discrepancies must be reported within 7 days



Scan to verify