

# INVOICE

Date: June 30, 2025

Invoice #: 3

Patient Information

Name: QR Test

Patient ID: 7

Date of Birth: April 5, 1999

Billing Information

Status: Paid

Issued Date: June 30, 2025

Paid Date: June 30, 2025

Tests Performed

T N	Sample ID	Date	Price
	SMP-1007	June 27, 2025	\$

Total Amount: \$200.00

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Phone: | Email:

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Generated on: June 30, 2025 14:57

PAID