

INVOICE #1

Date: June 28, 2025

Patient Information

Name: oma bee

Patient ID: 5

Date of Birth: May 5, 2000

Billing Information

Status: Paid

Tests Performed

| | Sample ID | Date | Amount |
|--|-----------|---------------|--------|
| | SMP-1004 | June 24, 2025 | \$ |

Total Amount: \$500.00

Phone: | Email: