

LAB TEST BILL AND RECEIPT

**Patient Name:** Prachi Srivastav  
**Patient ID:** LAB13  
**Phone No:** 9073414569  
**Email:** yashrajsingh.socialmedia@gmail.com  
**Collection:** Sample collection to be scheduled  
**Bill No:** LAB-INV-41  
**Date:** 08-06-2025 03:24 pm  
**Payment ID:** pay\_QeewQBUwn90rOj  
**Order ID:** order\_QeewHqv7unahX1  
**Sample Type:** Blood

Particulars	Date	Qty	Unit Rate	Amount ( )
Complete Blood Count (CBC) - Lab Visit		1	599.00	599.00
Lab Registration Fee		1	50.00	50.00

Total Lab Charges:649.00  
GST (18%):116.82

**Total Amount:766.00**  
Amount Paid:766.00

**Balance:0.00**

GSTIN: 19MEDICONNECT1Z9

Payment Status: CAPTURED

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