



NAME : Mr. ABHISHEK KUMAR SINGH Age/Sex : 28 Year(s) / M Ref Doctor : DR. SELF

Patient No : PDW143340 Contact No : 8789091992 Visit No. : 23WP221848

Bill Date : 27/05/2023 08:21 AM Email : abhisheksingh4312@gmail.com

Client Name : GENERAL

Description	Report Date	Amount
CT - CHEST/THORAX		7350.00

Amount Received in words : (Rupees) SEVEN THOUSAND THREE HUNDRED AND FIFTY Gross Amount : 7350.00

#### Payment Mode

Credit/Debit Card - Indian Rupee - 7350.00 ( visa - 9440 )

To View the reports online log on to  
<http://www.primadiagnostics.com>

UserName: PDW143340  
 Password : l#Wq1l

Grand Total	:	7350.00
Net Amount	:	7350.00
Received Amount	:	7350.00

Report & Slides will not be preserved beyond a month  
 Working hours : 6.30 am to 9.00 pm  
 Sunday : 6.30 am to 5.00 pm

BILLED BY : Mrs.AROCKIA ROSY  
 S

**Reports will be issued only on producing this bill copy / softcopy**  
 For Home Collection Call up on: +91 96633 24444 / 080 4628 4444.

Note: Refund of the tests not taken, is Applicable within 3 Months from the Billed date. Any individual test which is a part of the package but not undertaken by the client shall not be eligible for partial refunds.