

lvk Charity Hospital



2-184/303 Nri Colony ,sai nagar ,nizampet,hyderbad ,500090, Hyderabad GPO, Telangana, INDIA - 500001, Ph: 7981589043, Email: lvkreddy770@gmail.com

DIAGNOSTIC INVOICE

Patient ID	ID1107202506			
Patient Name	lamene yamal			
Age / Sex	26 /Male			
Guardian	N/A			
Address	ADITYA ENCLAVES, 404, AMEERPET, HYDERABAD			

Date	11 Jul, 2025 05:10 PM	
Order ID	lvkch-DORD-202507110005	
Invoice ID	lvkch-DINV-202507110005	
Billed By	Aaradhya Naidu	

S.No	Service Name	Qty	Rate	CGST/SGST	Discount	Amount
1	HbA1c	1	₹ 1000.0	15.0% / 15.0%	-	₹ 1300.00
2	Serum	1	₹ 1000.0	20.0% / 20.0%	-	₹ 1400.00
In Words (Rupees two thousand, seven hundred only)						₹ 2700.00

Payment Details

Mode of Payment:	Cash		
Cash Amount Paid:	₹ 2700.00		
Total Paid:	₹ 2700.00		

Patient Signature [Aaradhya Naidu]
Audited Signature