

INSIGHT EYE CARE

No.418/1, Korathota North, Kaduwela
Tel: 011 2 159 425, Mail: insighteyec@gmail.com

01:02 AM - 24/06/2022

Invoice No: inv/ap/2

Patient Details

Name	rfe
Age	444
Phone Number	444

Apoinment Number	06
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Doctor Name	Duminda Saman Kumara
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Payment

Channeling Price Rs.	700.0.00
Additional Price Rs.	0.0.00
Total Rs.	700.0.00

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Authorization Signature

Code Lab Information Systems | 078 458 0996