

# Invoice

Invoice ID: 10  
Date: 7/22/2025  
Patient: Test Lab7  
Dentist: Dilesha Gayashan  
Payment Type: card  
Tax Rate: 5.01%  
Lab Cost: Rs. 10.02  
Discount: Rs. 10.01  
Note: bh

#	Service	Description	Amount
1	test_srvice	-	Rs. 200.00

Total Amount: Rs. 210.03