

Smart Clinic & Research Center

Pathology Invoice

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Patient Name: | Cameron Williamson | Test Name | Breast Ultrasound |
| Age: | 28 | Date | 02/08/2025, 06:18 pm |
| Email: | mariaw@gmail.com | Phone: | 98767564567 |
| Gender: | Female | Doctor: | Harry Potter |
| Department: | Pathology Department | Payment Mode: | Cash |
| Source | Offline | Status: | Approved |

Payment Details

| Charge | Tax | Discount | Amount |
|--------|-----|----------|--------|
| 550 | 18 | 5 | ₹644 |

This is a computer-generated invoice. No signature is required.