

## Smart Clinic & Research Center

### Radiology Invoice

<b>Patient Name:</b>	Cameron Williamson	<b>Age:</b>	28
<b>Test Name</b>	Magnetic Resonance Imaging	<b>Bill No</b>	RAD-889QO
<b>Email:</b>	mariaw@gmail.com	<b>Phone:</b>	98767564567
<b>Gender:</b>	Female	<b>Doctor:</b>	Rina Malik
<b>Department:</b>	Pathology Department	<b>Payment Mode:</b>	Cash
<b>Source</b>	Offline	<b>Status:</b>	Approved

### Payment Details

Charge	Tax	Discount	Amount
680	18	0	₹802.4

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