

Smart Clinic & Research Center

Pathology Invoice

Address: 25 Kings Street, CA Phone No.: 89562423934

Email: medisync@gmail.com

Website: www.medisync.in

Patient Name:	Cody James Fisher	Test Name	Chest X-rays
Age:	32	Date	02/08/2025, 06:47 pm
Email:	mariaw@gmail.com	Phone:	9876567876
Gender:	Male	Doctor:	Sonia Bush
Department:	Pathology Department	Payment Mode:	UPI
Source	Offline	Status:	Approved

Payment Details

Charge	Тах	Discount	Amount
500	18	0	₹590

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