



Billing Address: Demo Address, Demo State, United State

Patient Information:

Accession: MJH Khan Patient: MJH Khan Location: **United State** Status: Final Patient ID: 00000000 Birth Date: 05-18-2000 Requisition Date: 28-03-2024 Network: PM DR Collection Date: 05-17-2023

Test Description Price

ACCESSION TOTAL AMOUNT \$00

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> **ACCESSION TOTAL AMOUNT** \$00

TOTAL AMOUNT SUMMARY \$00

THANK YOU FOR YOUR BUSINESS!

Payment Terms: 44654 Payment Method: PayPal

Contact Information: 456897987987

Notes: