



INVOICE

Invoice # 456454654

Date: 26-03-2024

Provider: Dunn, Ifeoma

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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TOTAL AMOUNT SUMMARY

\$00

THANK YOU FOR YOUR BUSINESS!

Payment Terms: 44654
Payment Method: PayPal
Contact Information: 456897987987

Notes: