

PATIENT INFORMATION	
Name: <u>Manik prabhu nana</u> Age: <u>40</u> Sex: <u>M</u> Contact No.: <u>9966908833</u>	
Clinical diagnosis/therapeutic details:	
Specimens Blood <input checked="" type="checkbox"/> Urine <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> Others <input type="checkbox"/>	Sample Type EDTA <input checked="" type="checkbox"/> Serum/SST <input type="checkbox"/> Fluoride <input type="checkbox"/> Citrate <input type="checkbox"/> Containers <input type="checkbox"/>
Test /Profile/Package Details: <u>Actual pro, CRP High Sensitivity (hs-CRP)</u> <u>Homo cysteine</u> <u>manikprabhuy@gmail.com</u>	
Sign of Patient: _____	Remarks if any: _____
Mode of Report Delivery: Email <input type="checkbox"/> Hardcopy <input type="checkbox"/>	Collection Date & Time: <u>14/12/19</u>
<b>PAYMENT ACKNOWLEDGEMENT:</b> Received with thanks from: _____	
towards charges for <u>Blood</u> an amount of (Rs. in words) _____	
Conducted at <u>Home</u>	Sign of Technician <u>prabhu</u>
Received Amount: <u>1699/-</u>	Mode of payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Online <input type="checkbox"/>

**Medlife International Private Limited**

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GST: 29AAJCM4627MTZV | CIN: U24230BR2014PTC023149

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**IPCARD CARDIAC CARE CENTER**  
(24 HOURS CARDIAC CARE EMERGENCY - ICCU)  
(Unit of International Institute of Preventive Cardiology)

Regd. No. 424/2005 and 07 APMCE - 0763

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Hyderabad - 500 020. A. P. India. Tel : +91-40-65994522

Name : Mr. Manik Prabhu Ref. Dr.: Thangarajam

No. 476 Sex : Male Age : 40 Date : 13/12/19

S.No.	TEST NAME	PRICE
	ECG -	200/-
	2D echo -	1100/-
	Consultation	500/-
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Total Amount		1800/-
Paid Amount		1800/-
Balance		-


Total Amount Paid: Eighteen thousand  
only Rs. 1800/-