

Image not found or type unknown
support@diagnomitra.com

Invoice No: #325
Date: 2024-10-01 05:00

Patient Name: Naman
Age & Sex: /
Contact No:
Date & Time: 2024-10-01 05:00

Item	Type	Description	Amount (Rs)
Test	Packages	-	4,000.00
Subtotal			Rs.4,000.00
Sample Collection Charges			Rs.0.00
Tax			Rs.0.00
Total Amount			Rs.4,000.00

Note: These tests would be performed by Dr. Lal path lab. Please check your Name, Tests, and contact details.