



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

support@diagnomitra.com

**Patient Name:** Jhongg  
**Age & Sex:** 26 / male  
**Contact No:**  
**Date & Time:** 2024-10-01 05:00

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

**Total Amount** **Rs.4,000.00**

1. These tests would be performed by Diagnomitra.
2. Please check your Name, Tests and contact details. These will be used to send Report related notifications.
3. # Reports may be delayed due to unforeseen circumstances; inconvenience regretted.
4. \* Report will be available as per the Schedule of test.
5. By accepting this invoice / transacting with the Company, I agree/confirm having understood the Terms and Conditions mentioned in Diagnomitra Privacy Policy and Terms of Use (also available on the website).

### Download Our App:

Download our apps from these links to access our services & reports on digital platform seamlessly

