



support@diagnomitra.com

Invoice No: #02649325

Date: 20-04-2024 09:24:00

Patient Name: Ms. KAVITA JAIN
Age & Sex : 34 year(s) / Female
Ref. Doctor: self
Contact No: 96504 06983
Date & Time : 20-04-2024 09:24:00

Item	Type	Description	Amount(Rs)
SWASTHFIT SUPER- 4		-	4050.00
LIVER & KIDNEY PANEL		-	0.00
LIPID SCREEN, SERUM		-	0.00
GLUCOSE, FASTING (F)		-	0.00
VITAMIN B12; CYANOCOBALAMIN		-	0.00
VITAMIN D 25 - HYDROXY		-	0.00
THYROID PROFILE, TOTAL		-	0.00
HBA1C; GLYCOSYLATED HEMOGLOBIN		-	0.00

Item	Type	Description	Amount(Rs)
COMPLETE BLOOD COUNT; CBC		-	0.00
URINE EXAMINATION, ROUTINE; URINE R/E, AUTOMATED		-	0.00
Subtoal			Rs.4050
Sample Collection Charges			Rs.00
Tax			Rs.00
Total Discounts			Rs.0.00

Total Amount

Rs.4050

Note:

1. These tests would be performed by Dr. Lal path lab.
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 Dr. Lal path Privacy Policy and Terms of Use (also available on the website).

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