



Ninewells Hospital (Pvt) Ltd.

55/1, Kirimandala Mawatha, Colombo 05,

T.P: +94 11204 9999 ,

Fax:

Email:info@ninewellshospital.lk

Invoice

Reciept No :

PID : PAT0000009

Date : Invalid Date

Passcode :

Name : Sachinthaka Ayeshmantha

Age : 21 Y 1 M 8 D

Gender : Male

Phone : 0715886675

Consultant :

DESCRIPTION	DUE ON	AMOUNT
	Total :	0.00
Payment Type : Cash	Net Total :	0.00

ZERO RUPEES ONLY

Cashier :