



# Ninewells Hospital (Pvt) Ltd.

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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 :** Dr.(Mrs.) Achini Ranasinghe

DESCRIPTION	DUE ON	AMOUNT
Chikungunya IgM Antibody	01/16/2024, 13:11 N	3550.00
<b>Total :</b>		<b>3550.00</b>
<b>Payment Type :</b> Cash	<b>Net Total :</b>	<b>3550.00</b>

THREE THOUSAND FIVE HUNDRED FIFTY RUPEES ONLY

**Cashier :**