## **Patient Statement**

From: 02/02/2010

**To:** 27/03/2012

Lab ID	Date I	nv. Type	Total	Paid	Charges	Discount	Balance
10-006-00000013	Jun 03,10	Outdoor	3,120	2,652		468	0
		Renal Function Test (RFT)			590		
		Lipid Profile			750		
		Complete Blood Count (CBC)			300		
		Homocysteine Level (Serum)			730		
		Liver Function Test (LFT)			750		
10-006-00000025	Jun 03,10	Outdoor	730	657		73	0
		Homocysteine Level (Serum)			730		
10-006-00000351	Jun 14,10	Outdoor	590	472		118	0
		Renal Function Test (RFT)			590		
10-006-00000955	Jul 12,10	Outdoor	590	472		118	0
		Renal Function Test (RFT)			590		
10-006-00000956	Jul 12,10	Outdoor	730	657		73	0
		Homocysteine Level (Serum)			730		
10-006-00001540	Aug 19,10	Outdoor	440	440		0	0
		Renal Function Test (RFT)			440		
11-006-00001754	Mar 11,11	Outdoor	1,620	1,296		324	0
		Complete Blood Count (CBC)			300		
		Renal Function Test (RFT)			590		
		lgE			730		
11-006-00004656	Jun 09,11	Outdoor	1,050	893		157	0
		Renal Function Test (RFT)			650		
		Complete Blood Count (CBC)			400		

Total	Paid	Discount	Balance
8,870	7,539	1,331	0