

Mayo Hospital

May 10

Employee Name: Kashif

Patient Name: Mrs. IMRANA AFZAL .

Relation: Self

Voucher Date: 10-05-2018

Reference No: KR-1001

Other Info: 1005-10-05

Sr. No.	Test Name	Rates
1	3D CT any region without contrast	4,000

Sub Total	4,000
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AMOUNT IN WORDS: Four Thousand

Checkd by

Verified by

Approved by