

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

Mayo Hospital

May 08

Employee Name: Kashif KR

Patient Name: Mrs. NAILA SHERIN .

Relation: Self

Voucher Date: 08-05-2018

Reference No: Ali-001

Other Info: 1669-08-05

Sr. No.	Test Name	Rates
1	CT Chest or CT Abdomin without Contrast	4,000

Sub Total	4,000
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AMOUNT IN WORDS: Four Thousand

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Mayo Hospital

May 10

Employee Name: Ali imran

Patient Name: Mr. KASHIF SHAH .

Relation: Self

Voucher Date: 10-05-2018

Reference No: Ali-1001

Other Info: 1724-10-05

Sr. No.	Test Name	Rates
1	CT Chest or CT Abdomin with Contrast	5,000

Sub Total	5,000
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AMOUNT IN WORDS: Five Thousand

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Mayo Hospital

May 12

Employee Name: Imran Khan

Patient Name: Mrs. SARA RIAZ .

Relation: Seld

Voucher Date: 12-05-2018

Reference No: lmt-0112

Other Info: 1726-12-05

Sr. No.	Test Name	Rates
1	Color Doppler ULTRASOUND for any Limb	2,000

Sub Total	2,000
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AMOUNT IN WORDS: Two Thousand

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