Mayo Hospital

May 12

Employee Name: Imran Khan **Voucher Date:** 12-05-2018 Patient Name: Mrs. SARA RIAZ. Reference No: Imt-0112 Relation: Seld

Other Info: 1726-12-05

Kelation: Ocid		i iiiio.	1720-12-00
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

Checkd by Verified by Approved by