

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

Checkd by

Verified by

Approved by