

# 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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Approved by