



Patient Name: Test Patient
Patient Phone: 01700000000
Address: malibag
Invoice Date: July 15, 2023, 1:56 p.m.

Print

Test	Quantity	Rate	Price
TC, DC, HB%, ESR	1	400.0	400.0
HB% (Hemoglobin)	1	180.0	180.0
Erythrocyte sedimentation rate (ESR)	1	150.0	150.0
Subtotal			730.0
Tax			0.00
Total			730.0

Payment Information

Payment Method	Account/Card Number	Amount
Card	4786537846736757	730.0
Total		730.0