



Pixel Diagnostic

INVOICE-CUM-RECEIPT

Thank you for your order
Your Registration No. is 4425
In case of any questions, please call ahead

Booking Summary

Bill No : AHM-4415

Booking Date : Saturday, February 01, 2025
Billing Name : DHYAN K PATEL
Registered mobile no. : (+91) 9662132009
Referred By : NAVJEEVAN HOSPITAL
Clinic : UIC BAREJA
Email ID :

Order Summary

DHYAN K PATEL 9 Years /M	Fasting not required.	Test/Package	Our price
		USG WHOLE ABDOMEN	Rs. 1200
		X-RAY CHEST	Rs. 500
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Total			Rs.1700
Amount Paid			Rs.1400
Amount Due			Rs.300

