

# Radiology Lab Bill

**City Hospital**  
No 13, ABCD Building  
ABCD North  
India  
Email: cityhosp@gmail.com

**Bill To**  
Hemanth  
No 35  
Hemanth Street, Kollam  
254598

**Invoice No :** INV-006  
Invoice Date : 28 Sep, 2023

Sl.	Description	Qty	Rate	Amount
1	X-Chest	1	₹ 250.00	₹ 250.00
2	XRay Hand	1	₹ 125.00	₹ 125.00
3	XRay	1	₹ 150.00	₹ 150.00

**Subtotal** ₹ 525.00

Total ₹ 525.00

Paid ₹ 0.00

**Balance Due** ₹ 525.00