

# Maligaon Digital Digonostic Center

Address: Maligaon,Daudkandi,Cumilla

Mobile: 01818576747,01616055066



## Invoice/Memo

**BILL TO**

**Abu rajin**

Patient ID: P250001

Age: 21, Gender: male

Mobile: 01615928286

**INVOICE DETAILS**

Invoice #: BILL202505010001

Date: 5/1/2025

### LABORATORY TESTS

S.No	Test	Delivery Date	Basic Amount
1	Cbc	N/A	\$500.00



Subtotal: \$500.00

Discount (0.00%): \$0.00

**Total:** \$500.00

Amount Paid: \$0.00

**Balance Due:** \$500.00

admin

**Prepared By**

**Checked By**

**Accounts**

Thank you for choosing our services