

Invoice

From:
Surjabasha

To:
6564964989

Hospital Details:

Hospital Name	Address
Chelaram	Akurdi

Type	Test Name	Price
Test	Blood Test	2100

Invoice Date:
2024-07-17

Thanks for choosing Surjabasha for Booking| [surjabasha@gmail.com.com](mailto:surjabasha@gmail.com)

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