

Patient name :TEST TEST TEST
Invoice :24I001204
Physician :
Guarantor :999 - Self

Admitted On: 01/02/2024 15:46
Date of birth :01/01/2024
Age7M15Days
UserFATEN

LABORATORY					16/08/2024 L00010
#	Code	Description	L	Value	Price
1	85022	COMPLETE BLOOD COUNT-D (CBCD)	45.00	0.08	3.60
2	82565	Creatinine, serum	20.00	0.08	1.60
3	84520	BUN	12.00	0.08	0.96
4	84443	TSH	1.00	12.30	12.30
5	84439	FT4	120.00	0.08	9.60
6	84481	FT3	120.00	0.08	9.60
7	84460	ALT (SGPT)	35.00	0.08	2.80
8	84450	AST (SGOT)	35.00	0.08	2.80
9	82306	25-OH VITAMIN D-3 (Calcifediol)	1.00	17.00	17.00
					60.26

RADIOLOGY					16/08/2024 X00011
#	Code	Description	R	Value	Price
1	76942TH	Echo THYROID	1.00	25.00	25.00
2	B2I	CHEST - PA	1.00	10.00	10.00
					35.00

Total Charges	100.00 %	95.26
Amount paid by Self	100.00 %	95.26
Amount paid by Self	0.00 %	0.00
Dollar		