Laboratory Charges Invoice

Invoice Number: [   ]

Date: [   ]

Patient Name: [   ]

Doctor Name: [   ]

Test Description	Quantity	Unit Price		Amount
[ ]	[ ]	[ ]		[ ]
[ ]	[ ]	[ ]		[ ]
[ ]	[ ]	[ ]		[ ]

Subtotal:	[ ]
Tax:	[ ]
Total Amount:	[ ]

Remarks: [   ]

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Authorized Signature