

Invoice



Medilab Services Inc.
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Address: 20 Cane Garden, St. Michael

Invoices

Invoice #: 0000099					UNPAID
National ID/ Passport #	First Name	Last Name	Sex	Invoice Date:	Invoice Time
9502280202	Jane	DOE	F	6/23/2025	10:11:00 AM

Test Code	Test Name	Price
HM-0117	ERYTHROCYTE SEDIMENTATION RATE	60.15
HM-0165	FBC	50.75
HM-3023	HBA1C	45
Total		155.9
Less: Amount Paid		0.0 (2025-06-23)
Balance Due		155.9