

**Standard diagnostic / investigation Bill**

cash bill			
Diagnostic name / address		contact details	
Reg Number		Lab number	
Bill Number		Bill Date	
Patient Name		Age / gender	
Referred Doctor name		Reg number of Doctor	
Report on ( date/time)			
Quantity	Particulars	Amount	remarks
	Total GST Discount		

Bill payable: \_\_\_\_\_  
 Advanced paid: \_\_\_\_\_  
 Final payable: \_\_\_\_\_

Prepared by:

Payment type cash / Card

Authorized Signatory

### Investigation Report sample

Diagnostic name / address				contact details of Diagnostic		
Reg Number of Lab				Lab number		
Patient Name				Age / Gender		
Referred Doctor name				Reg number of Doctor		
Report on ( date/time)						
Type of Test	Results	Range	Remarks			

Technician Name

Name of pathologist and Reg number

Signature of the technician

Signature of the pathologist