SMD MOBILE PHLEBO

Reg. office; No 30/2, 2nd floor, Ponnusamy Street, Royapettah, Chennai - 600 014.
Markgt.Office; Old No.110. New No.140, Habibulla Road, T.Nagar, Chennai - 600 017.
Cell No. 98406 48189, E-Mail : mobilephlebo@gmail.com

INVOICE

Ref. Doctor/Hospital/Clinic/LAB: M/S. MOCERO HEALTH
Contact No : 9345941310
Address : NO; 7, 6TH FLOOR B BLOCK PHASE 2 IIT MADARAS REASEARCH PARK
Chennai - 600113.

No: 724
Date: 30.04.2025
Due Date: 10.05.2025

S.No	Test Code	Description	Price (Rs.)
1		PHLEBOTOMIST CHARGES FOR THE PERIOD Apr-01-2025 to Apr-30-2025 ANNEXURE ENCLOSED. Annexure : MP/APR/724/2025-26 dt 30.04.2025	₹ 7,410.00
		Total	**₹ 7,410.00**

(Rupees Seven Thousand Four Hundred Ten Only)

All payments must be made by A/c payees cheque/draft in favour of "SMD MOBILE PHLEBO"

For NEFT, A/C Name : SMD MOBILE PHLEBO
A/C No : 919020001960368
IFSC Code : UTIB0003877, Bank : AXIS Bank, Branch : Habibullah Road, Chennai

for SMD MOBILE PHLEBO

Authorised Signatory

Blood Collection in your Preferred Diagnostic Lab and Location