



Customer Name	: Mr. ANABIO PAUL		
VID	: BIL0300602	Age	: 46 Years
Date	: 14/Nov/2025 02:56 PM	Gender	: Male
Phone No	: +2347033226394	Email Id	:
Ref By Dr.	: Omidokun Alade Abidemi	UHID	: AML0244999
Client Name	: -	Hospital/Referral	:

Investigations	Amount
-----------------------	---------------

Pathology

1	CREATININE SERUM (RADIOLOGY)	1
	CLOTTING PROFILE	11550
2	PROTHROMBIN TIME	
3	ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)	

Radiology

1	CT ABDOMEN PELVIS WITH CONTRAST RAD03006021	85000
---	---	-------

Total Bill :	96551
Final Bill :	96551
Received :	96551
Balance :	0

Payment

14-Nov-2025 14:56	NEFT	96551
Total Received Amount :		96551

/ 14-Nov-2025 14:56 / Rosemary Alloysius /ADM0180

Terms and conditions

- Please verify Name age, gender and contact details printed in the receipt are correct and is that of the person getting the test done.
- In case services are not rendered (e.g., due to sample rejection or test unavailability), a refund will be issued to the original mode of payment, subject to deduction of applicable administrative fees if any.
- By making payment, you authorize Afriglobal Medicare Limited to conduct the requested diagnostic testing and to communicate with you regarding the services through WhatsApp, email, SMS, or any other digital channels.
- For any queries or concerns please contact us at **02016291000** OR **02016290998** or whatsapp to **09022891059** or email to **info@afiriglobalmedicare.com** or visit **www.afiriglobalmedicare.com**.