



Customer Name	: Mrs. IBHAFIDON HELEN		
VID	: BIL0283194	Age	: 52 Years
Date	: 14/Oct/2025 03:06 PM	Gender	: Female
Phone No	: +2348020570833	Email Id	:
Ref By Dr.	: Nsikanabasi Okon Udo	UHID	: AML0231420
Client Name	: Ace Medicare	Hospital/Referral	:

Investigations

Others

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/ 14-Oct-2025 15:06 / Akoro David /ADM0167

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@afriglobalmedicare.com** or visit **www.afriglobalmedicare.com**.