

RO

RO Wellness Suite

Diagnostic Imaging Services

INVOICE

#69

BILLED TO

TEST VO2

testvo2@yopmail.com

Patient ID

164

Booking ID

69

INVOICE DETAILS

Invoice Date: **29 Oct 2025**

Appointment Date: **10/30/2025**

Appointment Time: **09:30**

Payment Status: **UNPAID**

Payment Method: **ONLINE**

SERVICES PROVIDED

Type	Service Description	Price	Amount
options-2	Dementia Assessment Panel	\$599.00	\$599.00

Package: \$0.00

Additional Packages: \$599.00

Subtotal: \$599.00

Tax (0%): \$0.00

Discount: -\$0.00

Total Amount: \$599.00

2121 Williams Trace Blvd, Suite 100

Sugar Land, Texas, 77478

Phone: +1 281-747-7277

Email: info@riveroaksmri.com

Thank you for choosing RO Wellness Suite for your diagnostic imaging needs.

This invoice was generated by our system; no signature is required.