

# INVOICE

Invoice Number: INV-2025-001

Invoice Date: 2025-10-07

Currency: USD

## From:

**RaphaCure Clinic**

123 Health Street, Medical City, MC 12345

Phone: +1-555-0123

Email: billing@raphacure.com

Website: www.raphacure.com

Tax ID: TAX123456789

## Bill To:

**Jane Smith**

456 Patient Ave, City, ST 67890

Phone: +1-555-0456

Email: jane.smith@email.com

Customer ID: PAT001

## Items

Description	Qty	Unit Price	Discount %	Tax %	Total
Medical Consultation	1	USD 100.00	0.0%	10.0%	USD 110.00
Blood Test	1	USD 50.00	0.0%	10.0%	USD 55.00

Subtotal: USD 150.00

Total Discount: USD 0.00

Total Tax: USD 15.00

**Total Amount:** **USD 165.00**

## Payment Information

Payment Terms: Net 30

**Due Date:** 2025-11-07

**Payment Method:** Bank Transfer

**Bank Details:** Account: 1234567890, Routing: 987654321

## Notes

Thank you for choosing RaphaCure!