

Hospital



Ka/5, Bashundhara R/A Gate

Tel: +8801777024443

## PAYMENT INVOICE

Patient Name : MR. PATIENT  
Patient ID : 9  
Address : KA/5, BASHUNDHARA R/A GATE  
Phone : 8801777024443

Invoice : 14  
Date : 04-01-2022  
Doctor : MR DOCTOR

#	Description	Unit Price	Qty	Amount
1	ECG	\$ 1000	1	\$ 1000

• Sub Total : \$ 1000  
• Grand Total : \$ 1000  
• Amount Received : \$ 1000  
• Amount To Be Paid : \$ 0