



Medicare Clinic

Address: 123 Street, City, Country

Phone: +1234567890 | Email: info@example.com

Invoice

Invoice Number: 9

Invoice Date: Jan. 16, 2024

Invoiced to:

Item	QTY	Price	Category	Date Created
Item nmae3			Drug	Feb. 1, 2024, 7:26 p.m.
Liver Function			Lab Test	Feb. 1, 2024, 7:36 p.m.

Total Amount: 4500.00