

## **Medicare Clinic**

Address: 123 Street, City, Country

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

## **Invoice**

Invoice Number: 6

Invoice Date: Jan. 16, 2024

Invoiced to:

Item Q	QTY 1	Price	Category	<b>Date Created</b>
--------	-------	-------	----------	---------------------

Total Amount: 2500.00