



- Booking Invoice -

Refference No	:	
Appoinment Date	:	
Appoinment Time	:	
Appoinment No	:	
Hospital	:	
Patient Name	:	
Contact Number	:	
NIC	:	
Email	:	
Room	:	
Doctor Name	:	
Payment Date	:	
Source	:	Online Web
Doctor Charge		0.00
Hospital Charge		0.00
Booking Charge		150.00
Total Charge		0.00