



Faiz Clinic

Mill Corner, Aurangabad, Maharashtra, India

Contact: 9898989898

Invoice Details:

Invoice Number: INV-4513
Issue Date: Wed Mar 05 2025
Due Date: Thu Mar 06 2025
Payment Status: unpaid
Payment Method: cash
Notes: test

Patient and Appointment Details:

Patient Name: 679d02c28cd513c2b4c741f1
Appointment Date: Tue Feb 04 2025
Time: 14:42 - 14:43
Reason:
Status: scheduled

Items Details:

Description	Quantity	Unit Price	Total
test	4	100.00	400.00

Tax: 100.00

Discount: 150.00

Total Amount: 1450.00

Thank you for your business!