



Faiz Clinic

Mill Corner, Aurangabad, Maharashtra, India
Contact: 9898989898

Invoice Details:

Invoice Number: INV-3770
Issue Date: Thu Mar 06 2025
Due Date: Thu Mar 06 2025
Payment Status: unpaid
Payment Method: cash
Notes: test

Patient and Appointment Details:

Patient Name: 67c7f26309b0c391440d57e8
Appointment Date: Wed Mar 05 2025
Time: 14:06 - 17:07
Reason:
Status: scheduled

Items Details:

Description	Quantity	Unit Price	Total
test	10	1500.00	15000.00

Tax: 1200.00
Discount: 1100.00
Total Amount: 15100.00

Thank you for your business!