# **Invoice**

Health Care Clinic

## **Clinic Details:**

Clinic Name: clinic 1

City: Aurangabad, Maharashtra

Contact: 9898989898

## **Invoice Details:**

Invoice Number: INV-8750 Issue Date: Thu Jan 23 2025 Due Date: Thu Jan 09 2025 Payment Status: unpaid Payment Method: cash

Notes: kkk

## **Appointment Details:**

Appointment ID: 67975e5bcfc6a565d6d1b802

Date: Thu Jan 30 2025 Time: 15:49 - 18:56

#### **Items:**

Description	Qty	Unit Price	Total	
lorem	1 2	200.00 2	0.00	

#### **Summary:**

Tax: 1100.00 Discount: 1250.00 Total Amount: 1200.00

Thank you for your business!