Invoice

Clinic Details:

Clinic Name: John Clinic

City: Aurangabad, Maharashtra

Contact: 9787878787

Invoice Details:

Invoice Number: INV-7349 Issue Date: Wed Jan 29 2025 Due Date: Wed Jan 29 2025 Payment Status: unpaid Payment Method: card

Notes: sss

Appointment Details:

Appointment ID: 67975e5bcfc6a565d6d1b802

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

Items:

Description	Qty	Unit Pr	ice Total	
lorem	1	100.00	100.00	
lorem 2	2	200.00	400.00	

Summary:

Tax: ¹97.00 Discount: ¹50.00 Total Amount: ¹500.00

Thank you for your business!

