# **Invoice**

## **Clinic Details:**

Clinic Name: John Clinic

City: Aurangabad, Maharashtra

Contact: 9787878787

## **Invoice Details:**

Invoice Number: INV-2915 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 Pri	ce Total	
lorem	1	100.00	100.00	
lorem 2	2	200.00	400.00	

### **Summary:**

Tax: ¹100.00 Discount: ¹50.00 Total Amount: ¹550.00

Thank you for your business!

