# **Payment Receipt**

Receipt ID: 67e4c94dc221906c2b0cecda

Date: 26/3/2025

## **Patient Information**

Name: cryston heaven

Email: pateljeeshant94@gmail.com

## **Doctor Information**

Doctor: Dr. Richard Prajapati Speciality: General Physician Location: undefined - undefined

#### **Appointment Details**

Date: 27/3/2025 Time: 04:30 pm

#### **Payment Summary**

Payment Method: Credit/Debit Card

Consultation Fee: \$50.00

Status: Paid

Verification Barcode

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