# **Payment Receipt**

Receipt ID: 67e4ceb1fa3971d1bc9bd99e

Date: 27/3/2025

#### **Patient Information**

Name: cryston heaven

Email: pateljeeshant94@gmail.com

#### **Doctor Information**

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

## <u>Appointment Details</u>

Date: 27/3/2025 Time: 07:30 pm

### Payment Summary

Payment Method: Credit/Debit Card

Consultation Fee: \$50.00

Status: Paid

Verification Barcode



Scan or quote Receipt ID: 67e4ceb1fa3971d1bc9bd99e for verification © 2025 DocDash - Confidential Document