

# Payment Receipt

Receipt ID: 67e4c3984b801f77c7ba3e40

Date Issued: 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: 02:00 pm

## Payment Summary

Payment Method: Credit/Debit Card

Consultation Fee: \$50.00 Tax (13% HST): \$6.50 Total Paid: \$56.50

Status: Paid

