

Payment Receipt

Receipt ID: 67e4ca36eef239cf443c2646

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: 05:00 pm

Payment Summary

Payment Method: Credit/Debit Card

Consultation Fee: \$50.00

Status: Paid

Verification Barcode

Scan or copy this barcode for verification



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