

# INVOICE

## Commonwealth Hospital and Medical Center

Lot 3 & 4 Blk. 3 Neopolitan Business Park Regalado Highway Brgy. Greater Lagro, Novaliches, Quezon City, Metro Manila

Contact: (064) 421 2340 | Email: [contact@commonwealthmed.com.ph](mailto:contact@commonwealthmed.com.ph)

### Bill To:

Skibidi Sigma  
espino.jamesbryant20+student3@gmail.com  
912-625-9783

### Invoice Details:

Invoice #: INV-000011  
Date: Jan 19, 2026  
Due Date: Jan 26, 2026  
Status: **UNPAID**

Description / Service	Amount (PHP)
In-clinic OB-GYN Consultation Fee	700.00

**Total Amount:** 700.00

**Amount Paid:** 0.00

**Balance Due:** 700.00

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