



Invoice Details

Bill To:

Name: Daniel James William
Address: 20, Charles Babson Way, Lekki, Lagos, Nigeria
Hospital Number: 1594505951

Invoice Details

Invoice Number: INV-2025030001
Date: 2025-03-16 17:26:44
Status: Pending

Description	Amount
Consultation Fee	₦ 500.00
Lab Tests	₦ 1000.00
Total	₦ 1500.00