

**Date:** August 5th 2020, 7:20:04 pm

Invoice OPD

Hospital Details:

110120080510003  
Asiri Hospital  
No 1  
Main Street  
Colombo 08  
0777112233

Patient Details:

1101000003  
gaya;a  
33 years  
Male  
333 333 3333

Items

Description	Amount	
Doctor Fee	Rs. 1500.00	
Drug Fee	Rs. 0.00	
Hospital Fee	Rs. 100.00	
<b>SUB TOTAL</b>		Rs. 1600
<b>FINAL TOTAL</b>		<b>Rs. 1600</b>

Your token Number is **3**

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