

MEDICAL INVOICE

INV-202601282116

PATIENT INFORMATION

Name: Amir
Date: 2026-01-28 21:16

DESCRIPTION	AMOUNT (Rs.)
Consultation Fee	Rs.1500
Medicine Charges	Rs.0
TOTAL AMOUNT DUE	Rs.1500

Payment Terms: Due upon receipt
Thank you for trusting us with your healthcare needs.
Please retain this invoice for your records.