

# 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
<b>TOTAL AMOUNT DUE</b>	<b>Rs.1500</b>

Payment Terms: Due upon receipt

Thank you for trusting us with your healthcare needs.

Please retain this invoice for your records.