

# MEDICAL INVOICE

INV-202601070033

## PATIENT INFORMATION

Name: Noma n

Date: 2026-01-07 00:33

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.