

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
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.