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Invoice

Invoice Number
FXH2023005

Date
31-07-2023

Customer Information

Customer ID
LCT24609079

Customer Name
Shirin Ragbansingh

Invoice Details

Description
Advance Payment

Unit Price
8000

Payment Summary

Total: 8000

Payment Details

Payment Method: Card

For any inquiries or questions, please contact us at (+91) 8097090308 / 8097653705 or hospitalfeenixx@gmail.com.

Thank you !