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hospitalfeenixx@gmail.com  
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## Invoice

Invoice Number	Date
FXH2023031	19-07-2023

## Customer Information

Customer ID	Customer Name
LCT24609079	Shirin Ragbansingh

## Invoice Details

Description	Unit Price
Advance Payment	100

## Payment Summary

<b>Total:</b>	<b>100</b>
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## Payment Details

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

Thank you !