



1st Floor, Above SBI,
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hospitalfeenixx@gmail.com
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Invoice

Invoice Number	Date
FXH2023001	12-07-2023

Customer Information

Customer ID	Customer Name
LCT24609079	Shirin Ragbansingh

Invoice Details

Description	Unit Price
Advance Payment	1000

Payment Summary

Total:	1000
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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 !