

# Invoice

Invoice

**Status:** Finished

From:

**Rammohan Children's Hospital**

Doctors Street

71-101 Szczecin, Poland

Email: info@webz.com.pl

Phone: +48 444 666 3333

To:

**sofia**

Registration Id: 114

Appointment Id: 1

Appointment Date: 2023-03-27

Discharge Date: 2023-03-27

Age:4

Email:sofiatarannum17@gmail.co

m

Phone:1234567891

#	Item	Cost
1	Doctor Fee	500
2	Room Charges	0
3	Medicine Cost	0
4	other charges	0
Total Cost		500

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