

# Airpal Invoice

Airpal



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Bill To:	Invoice Number:
Patient Address:	Doctor Name:
Phone:	Doctor Degree:
Email:	Doctor Contact:

SERVICE DATE	SERVICE PERFORMED	MEDICATION	FEE	ADJ	AMOUNT
25 July 2024	Online Consultancy	Paracetamol	876	-	9876543
25 July 2024	Online Consultancy	Paracetamol	876	-	9876543
25 July 2024	Online Consultancy	Paracetamol	876	-	9876543
Comment Notes				SUBTOTAL	-
				SUBTAX	-
				TOTAL	9876543

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