

# HOSPITAL MANAGEMENT SYSTEM

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## INVOICE

Invoice #: B1749894759083  
Date: 14-06-2025  
Payment Status: UNPAID

### Patient Information:

ID: P001  
Name: Zain  
Contact: 123-456-7890

### Billing Details:

Description	Quantity	Unit Price	Amount
Consultation Fee	1	\$50.00	\$50.00
Medicine - Paracetamol	2	\$5.99	\$11.98
Blood Test	1	\$35.00	\$35.00

Subtotal:	\$96.98
Discount (0.0%):	\$0.00
Tax (0.0%):	\$0.00

**Total: \$96.98**

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Generated on: 14-06-2025