

HOSPITAL MANAGEMENT SYSTEM

123 Healthcare Avenue, Medical City, Country
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INVOICE

Invoice #: B004
Date: 14-06-2025
Payment Status: UNPAID

Patient Information:

ID: P001
Name: Emily Davis
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

This is a computer-generated document. No signature is required.
Generated on: 14-06-2025