

# Hospital Booking Invoice

Invoice ID: INV-1762360488966

Date: 5/11/2025

Amount: \$800

Patient: Alice Patient (abhi4k0p@gmail.com)

Doctor: Dr. Dr. Shilpa (shilpa@demo.com)

Appointment Date: 5/11/2025

Time: 12:30:00 pm - 1:00:00 pm

Thank you for choosing us!