

Hospital Booking Invoice

Invoice ID: INV-1762505654848

Date: 7/11/2025

Amount: \$800

Patient: Alice Patient (abhi4k0p@gmail.com)

Doctor: Dr. Dr. Sam (sam@demo.com)

Appointment Date: 7/11/2025

Time: 4:30:00 pm - 5:00:00 pm

Thank you for choosing us!