

Hospital Booking Invoice

Invoice ID: INV-1759302162366

Date: 1/10/2025

Amount: \$1000

Patient: Alice Patient (abhi4k0p@gmail.com)

Doctor: Dr. Dr. Bob (bob@demo.com)

Appointment Date: 1/10/2025

Time: 9:00:00 am - 9:30:00 am

Thank you for choosing us!