

# Hospital Booking Invoice

Invoice ID: INV-1759655740197

Date: 5/10/2025

Amount: \$800

Patient: Alice Patient (abhi4k0p@gmail.com)

Doctor: Dr. Dr. Mohan (mohan@demo.com)

Appointment Date: 5/10/2025

Time: 3:00:00 pm - 3:30:00 pm

Thank you for choosing us!