

Hospital Booking Invoice

Invoice ID: INV-1762412607767

Date: 6/11/2025

Amount: \$800

Patient: sundari (sun@gmail.com)

Doctor: Dr. Dr. RRB (rrb@demo.com)

Appointment Date: 6/11/2025

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

Thank you for choosing us!