

Hospital Booking Invoice

Invoice ID: INV-1760151070548

Date: 11/10/2025

Amount: \$800

Patient: di di (didi@gmail.com)

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

Appointment Date: 11/10/2025

Time: 9:30:00 am - 10:00:00 am

Thank you for choosing us!