

# Hospital Booking Invoice

Invoice ID: INV-1759657909818

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: 4:00:00 pm - 4:30:00 pm

Thank you for choosing us!