

# Hospital Booking Invoice

Invoice ID: INV-1759147627619

Date: 29/9/2025

Amount: \$800

Patient: Alice Patient (abhi4k0p@gmail.com)

Doctor: Dr. Dr. Dan (dan@demo.com)

Appointment Date: 29/9/2025

Time: 10:30:00 am - 11:00:00 am

Thank you for your payment!