

Hospital Booking Invoice

Invoice ID: INV-1759302551987

Date: 1/10/2025

Amount: \$1200

Patient: Alice Patient (abhi4k0p@gmail.com)

Doctor: Dr. Dr. Carol (carol@demo.com)

Appointment Date: 1/10/2025

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

Thank you for choosing us!