

Invoice

Dear Afonso Reis,

Once again thank you for choosing our services. All the appointment details are described below:

- Patient details

Name	Tax Number	Phone Number	Address	Zip Code
Afonso Reis	260900123	930001001	Avenida das Tulipas, Porto	4000-500

- Appointment details

Doctor	Tax Number	License Number	Phone Number	Description	Date/Hour
Ana Gulpilhares	260900103	21000	920001001	Abdominal Pains	05-01-2021 08:00:00 - 08:30:00

- Payment details

Entity	Reference	Total cost	Deadline
10451	520644463	30€	10/01/2021 00:00:00 08:00:00 - 08:30:00

Best regards,

RINTECare Porto

Contacts: 224890213 | rintecare@gmail.com