

I N V O I C E

Test Patient 3  
Test Address  
+995599380164

Recipient

Test Patient 3

Invoice #	3
Date	11/24/2022
Amount Due	\$1090

Room Charge	Doctor Fee	Medicine Cost	Other Charge
200	500	20	0
100	250	20	0

Total	\$1090
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A D D I T I O N A L   N O T E S

A finance charge of 1.5% will be made on unpaid balances after 30 days.