

PATIENT INVOICE

BILL TO / PATIENT:

**Andres Felipe Torres Fajardo**  
Carrera 14c # 157 - 91 Bloque 5 Apto 202  
3103136299  
anetorres4@gmail.com

CLINIC / CLINICIAN:

**clinic1**  
Dr. PAULA ABRIL  
Cra14c # 157-91 Bloque 5 Apto 202  
3162902132

LINE ITEMS:

Product	HCPCS	Qty	Unit Price	Total
Plantar Fasciitis Night Splint	L4396	1	\$95.00	\$95.00
Wrist Splint - Cock-up	L3908	1	\$75.00	\$75.00

**TOTAL DUE: \$170.00**

**STRAPI INTEGRATION PENDING**

*Detailed invoice terms, payment instructions, and external pricing components will be synced here in a future release via Strapi CMS.*