

Receipt for Payment

Great Batian Optical Centre

,
[Phone]000-000-0000
[Email]

| Invoice No. | Date |
|-------------|------------|
| 000009 | 2023-10-10 |

How Paid: Cash
Check or Reference Number:
Amount for Past Balance: 0.00
Amount for This Visit: 3,500.00
Received By: demo@prime-med.org

| Description | Price | Qty | Total |
|-------------------------|---------|-------|----------|
| Specialist Consultation | 2000.00 | 1 | 2000 |
| Convex | 1500.00 | 1 | 1500 |
| | | Total | 3,500.00 |