|  |  |
| --- | --- |
| CDC Clinic Management System CDC Nurse Management | invoice |
| Patient ID: {{PatientID}}  Patient Name: {{PatientName}} | **INVOICE** # [{{InvoiceID}}]  **DATE** [{{CurrentDate}}] |
|  | **FOR** [{{Service}}]  **P.O.** # {{InvoiceID}} |

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Price | Quantity | Subtotal |
| hshsa | Rs. 2222.00 | 3 | Rs. 6666.00 |

Make all checks payable to [Company Name]

Payment is due within 30 days.

If you have any questions concerning this invoice, contact CDC@gmail.com

#### Thank you for your business!