|  |  |
| --- | --- |
| CDC Clinic Management System CDC Nurse Management | invoice |
| ***Patient ID: 10***  ***Patient Name: Julia Anderson*** | ***INVOICE # [INV20251002234207983]***  ***DATE [2025-10-02]*** |
|  | ***FOR [dw]***  ***P.O. # INV20251002234207983*** |

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Price | Quantity | Subtotal |
| wdw | Rs. 34344.00 | 1 | Rs. 34344.00 |

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!