

# ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

# INVOICE

**Gabriela Wood**

**Invoice No: INV287552**

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Date: 2006-11-20

Due Date: 2006-12-20

Description	Code	Total
Consultation	C001	\$150.00
Dermatology Consultation	DC04	\$180.00
Vaccination Booster	VB08	\$55.00
Subtotal:		\$385.00
Tax (X%)		4.5%
<b>Total:</b>		<b>\$402.32</b>

Thank you for choosing Rose Petal Clinic.

For any questions regarding this invoice, please contact (123) 456-7890 or [info@rosepetalclinic.org](mailto:info@rosepetalclinic.org).

Address: 4117 Cedarstone Drive, Amherst NH, 03031

Phone Number: (123) 456-7890

Email: [info@rosepetalclinic.org](mailto:info@rosepetalclinic.org)

Website: [www.rosepetalclinic.org](http://www.rosepetalclinic.org)