

# ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

# INVOICE

Jennifer Patterson

Invoice No: INV492305

940.951.0538

E: jennifer.patterson@gmail.com

Due Date: 1998-05-28

Date: 1998-04-28

Description	Code	Total
Surgery Consultation	SC03	\$250.00
CT Scan	CT15	\$1000.00
CT Scan	CT15	\$1000.00
Eye Exam	EE09	\$75.00
Subtotal:		\$2325.00
Tax (X%)		4.5%
Total:		\$2429.62

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)