

# ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

# INVOICE

**Stacey Hawkins**

**Invoice No: INV645730**

E: stacey.hawkins@gmail.com

435-367-1984

Date: 1991-11-23

Due Date: 1991-12-23

Description	Code	Total
COVID-19 Test	CV19	\$100.00
Vaccination	VAX9	\$50.00
ECG	ECG2	\$100.00
CT Scan	CT15	\$1000.00
Subtotal:		\$1250.00
Tax (X%)		4.5%
<b>Total:</b>		<b>\$1306.25</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)