

ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

INVOICE

David Chan II

Invoice No: INV257144

(421)626-5991

E: david.chan@gmail.com

Due Date: 2014-11-18

Date: 2014-10-19

Description	Code	Total
X-Ray	XR01	\$200.00
Eye Exam	EE09	\$75.00
Consultation	C001	\$150.00
Subtotal:		\$425.00
Tax (X%)		4.5%
Total:		\$444.12

Thank you for choosing Rose Petal Clinic.

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

Address: 4117 Cedarstone Drive, Amherst NH, 03031

Phone Number: (123) 456-7890

Email: info@rosepetalclinic.org

Website: www.rosepetalclinic.org