

ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

INVOICE

John Walker

Invoice No: INV948995

E: john.walker@gmail.com

+1-722-794-3538

Date: 1973-07-03

Due Date: 1973-08-02

Description	Code	Total
Urine Test	UT01	\$40.00
COVID-19 Test	CV19	\$100.00
Physical Therapy	PT07	\$120.00
Subtotal:		\$260.00
Tax (X%)		4.5%
Total:		\$271.70

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