

ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

INVOICE

Robert Martinez
Invoice No: INV290431

E: robert.martinez@gmail.com

001-832-890-6713

Date: 1988-06-18

Due Date: 1988-07-18

Description	Code	Total
Surgery Consultation	SC03	\$250.00
Dermatology Consultation	DC04	\$180.00
Subtotal:		\$430.00
Tax (X%)		4.5%
Total:		\$449.35

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