

ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

INVOICE

Jennifer Cunningham
Invoice No: INV26344

001-646-803-9654
E: jennifer.cunningham@gmail.com
Due Date: 2024-01-27
Date: 2023-12-28

Description	Code	Total
Urine Test	UT01	\$40.00
Vaccination Booster	VB08	\$55.00
Ultrasound	US10	\$300.00
MRI Scan	MRI5	\$1200.00
Subtotal:		\$1595.00
Tax (X%)		4.5%
Total:		\$1666.78

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