

ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

INVOICE

Diana Osborne

Invoice No: INV931982

E: diana.osborne@gmail.com

663-369-2368

Date: 2020-05-10

Due Date: 2020-06-09

Description	Code	Total
Lab Panel	LP12	\$180.00
Subtotal:		\$180.00
Tax (X%)		4.5%
Total:		\$188.10

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