

# INVOICE



ANWER KHAN MODERN  
DIAGNOSTIC CENTRE &  
HOSPITAL OUTDOOR SERVICE

**Invoice No** : 7906055733

**Date** : 24-05-2023

Bill To

**Name** : Saiful Islam

**Contact No** : 0190699187

**Email** :

**Gender** : Male

## Service Details:

Description	Amount
<b>Doctor Name</b> : Dr. Rabbi Mahmud <b>Department</b> : Orthopedics <b>Date</b> : 27-05-2023 <b>Time</b> : 8.00 pm - 8.20 pm	<b>400 BDT</b>

**Amount** (In Word) : **Four Hundreds Taka Only.**

## Payment Details:

<b>Fee Type</b> : Follow-Up-Fee <b>Payment Method</b> : Hand Cash <b>Appointment Status</b> : Pending
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Thanks for your Appointment. Our team member will contact with you very soon.

**Any question Call** : 01317608200 01317608200