|  |  |
| --- | --- |
| Billed To: | Invoice Details: |
| UPI: {{UNIQUE\_PATIENT\_ID}}  Patient Name: {{PATIENT\_NAME}}  Patient Age: {{PATIENT\_AGE}}  Patient Gender: {{PATIENT\_GENDER}}  Patient Contact: {{PATIENT\_CONTACT}} | Bill Number: {{BILL\_NUMBER}}  Issue Date: {{DATE}}  Reference: {{REFERENCE}} |

{{TABLE}}