

# Clinic Receipt

Invoice #: INV-AL6KJDQL

Date: 2025-12-05 12:53

**Patient:** Rtch Cntlls  
**Payment Method:** Cash  
**Notes:** Generated from doctor visit

Amount:	?	1,000.00
Discount:	?	0.00
<b>Total Paid:</b>	<b>?</b>	<b>1,000.00</b>

Thank you for your payment!