

PACKAGE INVOICE

#1050634462

Patient Information

Name: Tester check  
Address: fdfd, Alabama.

Facility Information

Name: Facility\_four(QA)  
Address: NNN  
Queens Village, New York,United States-  
11428

Invoice Date : 📅 25th Feb 2022

Package Name : **free**

| S/N | Service      | Date Taken     | Total |
|-----|--------------|----------------|-------|
| 1   | hammer       | 11/8/22        | \$0   |
| 2   | free service | Not taken yet. | \$0   |
| 3   | Dermo        | Not taken yet. | \$20  |

Sub - Total amount: \$ 20

Membership Discount: \$0

Discounted amount: \$ 2

Total Paid: \$ 18