

PACKAGE INVOICE

#1050636646

Patient Information

Name: Tester check
Address: fd fd, 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