## new clinic1

## Invoice # 0900

**INVOICE DATE** May 4, 2021 **INVOICE** # 0900

STATUS Paid BILL TO Mohammed Sohail

PATIENT Mohammed Sohail CLINIC ADDRESS 224 / 7

**TEL#** 923343252158 **AGE** 1

**EMAIL:** Sohailaqeel123@gmail.com **PAY TO** 400

ITEM				
ITEM	DETAILS	SUBTOTAL	TAX	TOTAL
HERE YOU WRITE YOU ITEMS.		\$400	\$0.00	\$400