



Medical Invoice

Invoice No: 001
Invoice Date: 2024-07-05

From

MEDINOVA
Smit Patel
smitdpatel0308@gmail.com
9099576548
First str., 28-32, Chicago, USA

Bill to

krishna patel
smitdpatel0308@gmail.com
90

Appointment Details

Date	Time	Doctor	Description	Status
July 29, 2024	07:40 - 07:50	het01	FEVER	Done

Medical Details

Description	Rate	Qty	Total Price	Prescription	Medicine Time
Dolo	2.00	5	10.00	FEVER HIGH	1-0-0

Service Details

Service Name	Quantity	Price	Total Price
Food	1	10.00	10.00

Report Details

Report Name	LAB Name	Price
MRI Scans	Medinovalab	100.00

Medicine Cost: **USD 10.00**

Service Cost: **USD 10.00**

Report Price: **USD 100.00**

Subtotal: **USD 120.00**

Discount (20%): **USD 6.0000**

Room Cost: **USD 0.00**

Case fee: **USD 500.00**

GST: **USD 21.6000**

Total: **USD 635.6000**

Amount Paid: **USD 0.00**

Balance Due: **USD 635.6000**

Payment Instruction

Paypal email: wiz@saldoapps.com
Make checks payable to: John Smith
Bank Transfer Routing (ABA): 061120084



Thank you!