

**FAITH MEDIPLEX****1 Giwa-Amu/Airport Road  
Benin City,**

E-mail	faithmediplexfmc@yahoo.com
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**Invoice**

Date	Invoice #
29-Oct-2018	701254405

Bill To

	OPD Number	Admission Date	Discharge Date
			29-Oct-2018
Description	Qty	Rate	Amount
		Total	NGN 0.00
		Payments/Credits	NGN 0.00
		Balance Due	NGN 0.00