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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SHIVALAYAS**  **SIDDHA CLINIC** | | |  |  |  | |  | |
|  | **Invoice number**  Patient ID: SE{id} | **Date of issue**  {date} | |  |  |  | |  | |
|  |  |  | |  |  |  | |
|  | **Billed to**  Name: {name}  Address: {address}  Phone Number: {phone} |  | | | | | |  |  |  |
|  |  |  | | |  |  |  |  | |  |  |
|  | **Description** | **HSN** | | **GST** | **Quantity** |  | **Price/Unit** | **Amount** | |  |  |
|  |  |  | |  |  |  |  |  | |  |  |
|  | {#items} {description} | {HSN} | | {GST} | {quantity} |  | {price} | {finalAmount} | |  |  |
|  |  |  | |  |  |  |  |  | |  |  |
|  | {/items} |  | |  |  |  |  |  | |  |  |
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|  |  |  | | |  |  | **Subtotal** | {subtotal} | |  |
|  |  |  | | |  |  | **Discount** | {discount}% | |  |  |
|  |  |  | | |  |  |  |  | |  |  |
|  |  |  | | |  |  |  |  | |  |  |
|  |  |  | | |  |  | **Invoice total** | ₹{total} | | |  |
|  |  | | | |  |  |  |  | |  |  |
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