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|  | **SHIVALAYAS SIDDHA CLINIC INVOICE** | | | | |  |  | |  | | | |  | |
|  | **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} | |  |
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