

CityCare Hospital

123 Wellness Street, Healthy City, HC 12345
Phone: +91 98765 43210

Invoice No: INV-2025-001
Date: 10-Sep-2025
Patient Name: John Doe
Patient ID: P123456

| Description | Quantity | Unit Price (■) | Amount (■) |
|----------------------|----------|----------------|-------------|
| Doctor Consultation | 1 | 500 | 500 |
| X-Ray | 1 | 800 | 800 |
| Blood Test | 2 | 300 | 600 |
| Room Charges (1 Day) | 1 | 2000 | 2000 |
| Medicines | 1 | 1200 | 1200 |
| | | Total | 5100 |

This is a system-generated invoice for testing purposes only.