## **Appointment Receipt**

Patient Name:abc dguysgsyud

**Invoice Number:successful** 

**Appointment Number:1124** 

Payment ID:1531

**Hospital Name: jantaram hosputal** 

Hospital Address:sainagar amravati

**Doctor Name:None** 

Gender:male

Appointment Date:2023-10-19

Appointment Schedule:10:00 Am to 11:00 Am

Phone Number:9881967037

Patient Age:2023-10-18

**Total Amount: Rs500.00**