

## Invoice

**Patient Name:**vdevt dguysgsyud

**Invoice Number:**successful

**Appointment Number:**None

**Payment ID:**1531

**Hospital Name:**(('jantaram hosputal', 'sainagar amravati'),)

**Doctor Name:**(('DR.lahane2',),)

**Gender:**male

**Appointment Date:**2023-10-12

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

**Phone Number:**9881967037

**Patient Age:**2023-10-01

**Total Amount: \$500.00**