## Invoice

Patient Name:	Patient Name:
Invoice Number:	Invoice Number:
Appointment Number:	Appointment Number:
Payment ID:	Payment ID:
Hospital Name:	Hospital Name:
Doctor Name:	Doctor Name:
Gender:	Gender:
Appointment Date:	Appointment Date:
Appointment Schedule:	Appointment Schedule:
Phone Number:	Phone Number:
Patient Age:	Patient Age:
Total Amount: \$500.00	