

## Appointment Receipt

**Patient Name:**sangam warpade

**Invoice Number:**successful

**Appointment Number:**1087

**Payment ID:**1531

**Hospital Name:**jantaram hospital

**Hospital Address:**sainagar amravati

**Doctor Name:**None

**Gender:**male

**Appointment Date:**2023-10-15

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

**Phone Number:**9881967037

**Patient Age:**2023-10-15

**Total Amount:**Rs500.00