

# Invoice

**Patient Name:**vdevt

**Invoice Number:**successful

**Appointment Number:**INV12345

**Payment ID:**1531

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

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

**Gender:**male

**Appointment Date:**2023-10-11

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

**Phone Number:**7744938059

**Patient Age:**2023-10-18

**Total Amount: \$500.00**