2025/05/18 05:31 1/3 Sample Invoice

Sample Invoice

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2021-08-07_ref_24_num_001.pdf

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Michael D. Olive - MD, PhD 1525 Angus Road New York, NY 10004 Phone: 212-480-8250

E-mail: MichaelDOlive@example.com

INVOICE

NUMBER: 00

DATE: 8/7/2021 13:32:55

LOCATION: New York

Internal series code: 1

PAID

PAYMENT TYPE: cash

CUSTOMER: Joe Bailey

PROFESSION:

1539 Shinn Street, New York, 10022,

ADDRESS: United States

QTY	Description	Unit price \$	Amount \$
1	Medical visit	50.00	50.00
1	Kidney and bladder Ultrasound	90.00	90.00
		TOTAL \$	140.00

REMARKS:

Test invoice - All information is random for demo purposes.

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