

Outpatient Medical Invoice

Invoice Number: 00012345
Date of Issue: 2024-06-12
Due Date: 2024-07-12

Patient Name: John Doe
Patient ID: 789654

Service Description	Date	Quantity	Unit Price	Total
Consultation	2024-06-10	1	\$100	\$100
Blood Test	2024-06-10	1	\$50	\$50
X-Ray	2024-06-10	1	\$80	\$80
Total Amount Due				\$230

Remarks:

Signature: