

# 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
<b>Total Amount Due</b>				<b>\$230</b>

**Remarks:**

**Signature:**