

MEDICAL BILL RECEIPT

Receipt Number: 987654
Date: 11/11/2022

Name of Medical Institution: State hospital
Practitioner Name: Dr. Darvin Einstein
License Number: 8998984567
Address: 789 GHI Street
City/State/ZIP: Montreal / Quebec

Patient Information:

Name: Noah Smith
Street Address: 456 DEF Street
City/State/ZIP: Montreal / Quebec

| Code | Description of Services/Medicine/Products | Qty | Rate | Line Total (\$) |
|------|---|--------|------|-----------------|
| 001 | Blood donation - O+ | 390 ml | N/A | N/A |
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Subtotal: \$ N/A
Tax Rate (0%): N/A
Total: \$ 0
Amount Paid: \$ 0

Payment Method: N/A
Card/Check No.: N/A

