

MEDICAL BILL RECEIPT

Receipt Number: 987654

Date: 07/12/2022

Name of Medical Institution: City Hospital

Practitioner Name: Dr. James Brown

License Number: 9876543210

Address: 123 ABC 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+	400 ml	N/A	N/A

Subtotal: \$ N/A

Tax Rate (0%): N/A

Total: \$ 0

Amount Paid: \$ 0

Payment Method: N/A

Card/Check No.: N/A

