



## Dr. Amr Gafar

24 Ali Amin , Nasr City ,, 5th floor, Cairo, Egypt -

# INVOICE

Bill To

**norhan maged**

01097775713@amrgafar.com

01097775713

|                |              |
|----------------|--------------|
| #              | INV-11167    |
| Invoice Date   | 06-05-2026   |
| Due Date       | 06-05-2026   |
| Due Amount     | £600.00      |
| Payment Method | Cash payment |
| Status         | Paid         |

| Item & description | Qty | Unit Cost | Tax | Price   |
|--------------------|-----|-----------|-----|---------|
| new visit          | 1   | £600      |     | £600.00 |

Sub Total **£600.00**

Tax **£0.00**

Discount **£0.00**

Paid **£**

**Total £600.00**

### Customer Note

It's great to work with you.

### Terms & Conditions

Please pay us your amount in 15 days. Otherwise 12% interest will be applied.