

RO

## RO Wellness Suite

Diagnostic Imaging Services

# INVOICE

#62

### BILLED TO

#### Test Archi

archi@my.veravalonline.com

Patient ID

**58**

Booking ID

**62**

### INVOICE DETAILS

Invoice Date: **29 Oct 2025**

Appointment Date: **10/29/2025**

Appointment Time: **16:00**

Payment Status: **UNPAID**

Payment Method: **ONLINE**

### SERVICES PROVIDED

Type	Service Description	Price	Amount
stand-alone	Soft Tissue Neck	\$1,000.00	\$1,000.00

Package: \$0.00

Additional Packages: \$1,000.00

Subtotal: \$1,000.00

Tax (0%): \$0.00

Discount: -\$0.00

**Total Amount: \$1,000.00**

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Sugar Land, Texas, 77478

Phone: +1 281-747-7277

Email: [info@riveroaksmri.com](mailto:info@riveroaksmri.com)

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Thank you for choosing RO Wellness Suite for your diagnostic imaging needs.

This invoice was generated by our system; no signature is required.