## **Dentalease Invoice**

Receipt Date:	2024-05-18
Appointment ID:	0edd9d26-9c3c-4137-b116-9fe594f23f6c
Paid Amount:	\$100.00
Payment Mode:	cash/upi

## **Appointment Details**

Treatment:	Dental Cleaning
Time Slot:	2024-05-27
Patient:	registered user
Patient Remark:	
Doctor Remark:	test
Status:	Completed

Note: This is a system generated reciept, Does not need any signatures.