## **Dentalease Invoice**

Receipt Date:	2024-05-19
Appointment ID:	ba27fbe3-4385-485c-894d-5441aded2849
Paid Amount:	\$100.00
Payment Mode:	cash/upi

## **Appointment Details**

Treatment:	Dental Implants
Time Slot:	2024-05-19
Patient:	sadaf shaikh
Patient Remark:	I was asked to come today
Doctor Remark:	no need of follow ups
Status:	Completed

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