

## Dentalease Invoice

Receipt Date:	2024-05-18
Appointment ID:	cac59795-d64f-4a8e-9556-42fd41ae4590
Paid Amount:	\$100.00
Payment Mode:	cash/upi

## Appointment Details

Treatment:	Dental Filling
Time Slot:	2024-05-29
Patient:	registered user
Patient Remark:	
Doctor Remark:	test
Status:	Completed

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