

# DENTICARE CLINIC

## PAYMENT RECEIPT

**Transaction ID:** 74  
**Date:** December 16, 2025  
**Patient Name:** Mina, Andy  
**Processed by:** Ella, Mika

## SERVICES

Service	Price	Qty	Subtotal
Whitening Teeth	■1500.00	1	■1500.00

**TOTAL:** ■1500.00

Thank you for choosing DentiCare Clinic!  
For concerns, please contact us.