

# DENTICARE CLINIC

## PAYMENT RECEIPT

**Transaction ID:** 75

**Date:** December 16, 2025

**Patient Name:** Green, Ella

**Processed by:** Ella, Mika

## SERVICES

Service	Price	Qty	Subtotal
Root Canal	■5000.00	1	■5000.00

**TOTAL:** ■5000.00

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