

# 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
<b>TOTAL:</b>			<b>■1500.00</b>

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