

Invoice

Patient Details :

Patient Type : General

UHID	DH_11	Gender	Male
Name	rahul	Age	65
Address	H n 609 Sahu pan bhandar	Sitting Invoice No.	5
Mobile No.	9806324244	Date	23-07-2024
Email	mohitsahu1993@gmail.com	Treatment Package ID	121

Doctor Details :

Doctor Name : Dr. shadab

Mobile : 8602161019

Email : shadab@gmail.com

Patient Observation :

Selected Teeth	Disease	Chief Complain			On Examination		Advice
55, 54	Missing Tooth	Toothache			test		test
53	Impacted	Swollen gums			test		test

Treatment Procedure :

S. No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Treatment Amount	Sitting Amount	Paid Amount
1	Metal Free Crown Zirconia Crowns @ per Crown	53	1	8000	8000	10	7200	5000	5000

Total Amount In Words :

FIVE THOUSAND RUPEES ONLY

Total Amount Received:

5000

Payment Info :

Account No.:

Account Name:

Bank Name:

IFSC/Bank Code:

UPI ID:

Clinic Seal & Signature

Terms and Conditions :