

Sitting Invoice

Patient Details :

Patient Type : General

UHID	DH_25	Gender	Male
Name	shiv singh	Age	21
Address	Ranital Jabalpur	Invoice No.	42
Mobile No.	9993641663	Date	31-07-2024
Email	shiv@gmail.com	Treatment Package ID	96

Doctor Details :

Doctor Name : Dr. shadab

Mobile :8602161019

Email : shadab@gmail.com

Patient Observation :

Selected Teeth	Disease	Chief Complain				On Examination	Advice	
55, 54	Caries	test				tewst	test	

Treatment Procedure :

S. No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Treatment Amount	Sitting Amount	Paid Amount
1	Digital Computer zcd XRay (R.V.G.)	55, 54	2	300	600	10%	540	540	540

Total Amount In Words :

FIVE HUNDRED AND FORTY ONLY

Total Amount Received:

Payment Info :

Account No.:

Account Name:

Bank Name:

IFSC/Bank Code:

UPI ID:

Clinic Seal & Signature

Terms and Conditions :

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