

Invoice

Patient Details :

Patient Type : CGHS(Serving)

UHID	DH_28	Gender	Male
Name	khan shahab	Age	4
Address	laptaganj	Invoice No.	41
Mobile No.	8602161019	Date	30-07-2024 18:03:24
Email	devdeveloper998@gmail.com	Treatment Package ID	133

Doctor Details :

Doctor Name : Dr. shadab

Mobile : 8602161019

Email : shadab@gmail.com

Patient Observation :

Selected Teeth	Disease	Chief Complain	On Examination	Advice
18, 17	Caries	Swollen gums	test	teszrt

Treatment Procedure :

S. No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Sitting Amount	Paid Amount
1	Re-Root Canal Treatment @ per tooth	18, 17	2	4000	8000	10	7200	7200
Treatment Total: 7200								7200

Treatment Pending Payment:

Total Amount In Words :	Amount Received After Treatment:	0
seven thousand two hundred	Total Amount Recieved:	7200

Payment Info :

Account No.:	
Account Name:	
Bank Name:	
IFSC/Bank Code:	
UPI ID:	

Clinic Seal & Signature

Terms and Conditions :
