

Invoice

Patient Details :

Patient Type : General

UHID	123456	Gender	Male
Name	Mohit	Age	65
Address	H no 609 Sahu pan bhandar	Invoice No.	10
Mobile No.	2222222223	Date	20/04/2024
Email	mohitsahu1993@gmail.com	Treatment Package ID	39

Doctor Details :

Doctor Name : Dr. Shadab

Patient Observation :

Selected Teeth	Disease	Chief Complain	On Examination	Advice
55, 54	Caries	test-11	test-11	test-11
83, 82	Fracture	test-12	test-12	test-12

Treatment Procedure :

S.No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Amount	Paid Amount
1	Digital Computerized XRay (R.V.G.)	55, 54	2	300	600	10	540	
1	Digital Computerized XRay (R.V.G.)	55, 54	2	300	600	10	540	
1	Digital Computerized XRay (R.V.G.)	55, 54	2	300	600	20	480	
1	Digital Computerized XRay (R.V.G.)	55, 54	2	300	600	99	6	
2	Digital Computerized XRay (R.V.G.)	55, 54	2	300	600	98	12	
1	Re-Root Canal Treatment @ per tooth	83, 82	2	4000	8000	10	7200	
							Treatment Total: 8766	0
								1578

Treatment Pending Payment:

Total Amount In Words :

ZERO RUPEES ONLY

Payment Info :

Account No.:

Account Name:

Bank Name:

IFSC/Bank Code:

UPI ID:

Terms and Conditions :

Amount Received After Treatment:

0

Total Amount Received:

0

Clinic Seal & Signature