

## 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.	8602161019	Date	31-07-2024
Email	devdeveloper998@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 Computerized 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 &amp; Signature

**Terms and Conditions :**

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