Invoice

Patient Details :

Patient Type : Credit

Credit By	CGHS(Serving)	**Beneficiary Id**	123456123
UHID	DH_1	**Gender**	Male
Name	Raju Pandey	**Age**	50
Address	Wright Town	**Invoice No.**	5
Mobile No.	8602161019	**Date**	16-08-2024 19:21:54
Email	kuldeepdoauruinfosystems@gmail.com	**Treatment Package ID**	9

Doctor Details :

Doctor Name : Dr.
Mobile :
Email :

Patient Observation :

Seleted Teeth	Disease	Chief Complain	On Exmination	Advice
55, 54	Caries	Swollen gums	twetst	terst
53, 52	Fracture	Sensitivity to hot or cold	test	tetst

Treatment Procedure :

S. No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Sitting Amount	Paid Amount
1	Amalgam Restoration@ per tooth	55, 54	2	800	1600	10	1440	1440
1	Ceramic Braces	53, 52	2	45000	90000	10	81000	81000
						Treatment Total:	82440	82440
		Treatment Pending Payment:						**0**

Total Amount In Words :

eighty two thousand four hundred and forty

Amount Received After Treatment:	0
Total Amount Recieved:	82440

Payment Info :

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

Clinic Seal & Signature

Terms and Conditions :