

Sitting Invoice

Patient Details :

Patient Type : General			
UHID	DH_2	Gender	Female
Name	Ayushi Singh	Age	35
Address	Ranital	Invoice No.	70
Mobile No.	7974507514	Date	31-08-2024
Email	devdeveloper998@gmail.com	Treatment Package ID	32

Doctor Details :

Doctor Name : Dr. shadab  
Mobile :8602161019  
Email : shadab@gmail.com

Patient Observation :

Seleted Teeth	Disease	Chief Complain	On Exmination	Advice
18, 17	Caries	Bleeding gums	test	tetst

Treatment Procedure :

S. No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Treatment Amount	Sitting Amount	Paid Amount
2	Direct Composite Veneer @ per tooth	18, 17	2	2500	5000	0%	4000	100	100

Total Amount In Words :	Total Amount Recieved:	100
ONE HUNDRED ONLY		

Payment Info :

Account No.:	Clinic Seal & Signature
Account Name:	
Bank Name:	
IFSC/Bank Code:	
UPI ID:	

Terms and Conditions :

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