Invoice

Patient Details :

Patient Type : General

UHID	DH_22	**Gender**	Male
Name	Vinay	**Age**	ssffc
Address	ranital	**Invoice No.**	33
Mobile No.	qweefefefe	**Date**	29-07-2024 13:09:19
Email	vinaydhariya21@gmail.com	**Treatment Package ID**	126

Doctor Details :

Doctor Name : Dr. Shadab

Patient Observation :

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

Treatment Procedure :

S.No	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Amount	Paid Amount
1	Re-Root Canal Treatlment @ per tooth	18, 17	2	4000	8000	10	7200	4000
3	Re-Root Canal Treatlment @ per tooth	18, 17	2	4000	8000	10	7200	3200
						Treatment Total:	7200	7200
								0

Treatment Pending Payment:

Total Amount In Words :

seven thousand two hundred

Amount Received After Treatment:	0
Total Amount Recieved:	7200

Payment Info :

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

Clinic Seal & Signature

Terms and Conditions :