

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. shadab
Mobile : 8602161019
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

Payment Info :

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

Terms and Conditions :

--