

Sitting Invoice

Patient Details :

Patient Type : CGHS(Serving)

UHID	DH_29	Gender	Male
Name	dubey ji	Age	65
Address	gali no 420 sadar	Invoice No.	2
Mobile No.	8602161019	Date	22-07-2024
Email	kuldeepdoauruinfosystems@gmail.com	Treatment Package ID	117

Doctor Details :

Doctor Name : Dr. shadab

Mobile :8602161019

Email : shadab@gmail.com

Patient Observation :

Seleted Teeth	Disease	Chief Complain	On Exmination	Advice
17, 16	Caries	Swollen gums	test	test

Treatment Procedure :

S. No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Treatment Amount	Sitting Amount	Paid Amount
1	Porcelain Fused to Metal @ per Crown	17, 16	2	3000	6000	10%	5400	2000	2000

Total Amount In Words :

TWO THOUSAND ONLY

Payment Info :

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

Total Amount Recieved:

Clinic Seal & Signature

Terms and Conditions :