

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 :

Selected Teeth	Disease	Chief Complain	On Examination	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 Treatment @ per tooth	18, 17	2	4000	8000	10	7200	4000
3	Re-Root Canal Treatment @ 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 Received:	7200

Payment Info :

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

Clinic Seal & Signature

Terms and Conditions :

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