

Invoice

Invoice ID: 1
Date: 8/18/2025
Patient: vihang
Dentist: John Cena
Payment Type: cash
Tax Rate: 10%
Lab Cost: Rs. 200.00
Discount: Rs. 15.00
Note: bhn

| # | Service | Description | Amount |
|---|----------------|-------------|------------|
| 1 | Test service 1 | abv | Rs. 500.00 |

Total Amount: Rs. 735.00