

Invoice

Invoice ID: 4
Date: 8/11/2025
Patient: Rwsandaru Piumantha
Dentist: Ash
Payment Type: cash
Tax Rate: 15%
Lab Cost: Rs. 0.00
Discount: Rs. 10.02
Note: nnn

#	Service	Description	Amount
1	New Test Service 3	srgasdgasdg	Rs. 1500.00

Total Amount: Rs. 1714.98