

# PRESCRIPTION

**PATIENT DETAILS:**

Patient Name: s

Age: 17

Sex: Male

Diagnosis: Tooth Extraction

**ASSIGN DOCTOR:**

Name: Dr John

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**MEDICATION**

1) dolo

2) pain killer

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**NEXT VISIT**

Date: 23/10/2025

www.dentocare+.com  
9607870553  
hello@reallygreatsite.com

# INVOICE

**Invoice ID:**

**Date:** 16/10/2025

**PATIENT DETAILS:**

Patient Name:

Age:

Email:

Mobile: 9874563210

Sex:

**ASSIGN DOCTOR:**

Name:

**SERVICE**

**PRICE**

**TOTAL**

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SUB TOTAL: : 10.00

DISCOUNT(10%): : 10.00

**GRAND TOTAL: : 10.00**

www.denlocarer.com  
9607870953  
hello@realtygrealstate.com