

PRESCRIPTION

PATIENT DETAILS:

Patient Name: kane

Age: 55

Sex: Male

Diagnosis: pain

ASSIGN DOCTOR:

Name: dr-sarah-kim

MEDICATION

1) dolo | 1 tab | after lunch | 15 days

NEXT VISIT

Date: 23/10/2025

www.dentocare+.com
9607870553
dentocareplus@gmail.com

INVOICE

Invoice ID: INV-1760942344524

Date: 2025-10-20

PATIENT DETAILS:

Patient Name: kane

Age: 55

Email: chinmaykumbhar4321@gmail.com

Mobile: 9607870553

Sex: Male

ASSIGN DOCTOR:

Name: dr-sarah-kim

SERVICE	PRICE	TOTAL
pain	1500.00	1500.00
		SUB TOTAL: : 1500.00
		DISCOUNT(10%): : 150.00
		GRAND TOTAL: : 1450.00

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