

PRESCRIPTION

PATIENT DETAILS:

Patient Name: prapz

Age: 18

Sex: Female

Diagnosis: Dental Crowns

ASSIGN DOCTOR:

Name: dr.sneh

MEDICATION

1) painkiller

NEXT VISIT

Date: 19/10/2025

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

INVOICE

Invoice ID: INV-1760603296561

Date: 2025-10-16

PATIENT DETAILS:

Patient Name: Prapz

Age: 18

Email: snehjondhalekar8@gmail.com

Mobile: 9607870553

Sex: Female

ASSIGN DOCTOR:

Name: dr.sneh

SERVICE	PRICE	TOTAL
Dental Crown	15000.00	15000.00
		SUB TOTAL: : 15000.00
		DISCOUNT(10%): : 1500.00
		GRAND TOTAL: : 14500.00

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