

PRESCRIPTION

PATIENT DETAILS:

Patient Name: Yasharh

Age: 18

Sex: Male

Diagnosis: pain

ASSIGN DOCTOR:

Name: dr-emily-davis

MEDICATION

1) dolo

NEXT VISIT

Date:

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

INVOICE

Invoice ID: INV-1760618822185

Date: 2025-10-16

PATIENT DETAILS:

Patient Name: Yasharh

Age: 18

Email: yash1051y@gmail.com

Mobile: 7028783839

Sex: Male

ASSIGN DOCTOR:

Name: dr-emily-davis

SERVICE	PRICE	TOTAL
dolo	1100.00	1100.00
		SUB TOTAL: : 1100.00
		DISCOUNT(10%): : 110.00
		GRAND TOTAL: : 190.00

www.denlocarer.com
9607870953
dentocareplus@gmail.com