

PRESCRIPTION

PATIENT DETAILS:

Patient Name: Yasharth

Age: 18

Sex: Male

Diagnosis: Tooth Pain

ASSIGN DOCTOR:

Name: dr.john

MEDICATION

1) dolo

NEXT VISIT

Date: 24/10/2025

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

INVOICE

Invoice ID: INV-1760606743854

Date: 2025-10-16

PATIENT DETAILS:

Patient Name: yasharth

Age: 18

Email: adinathbelnekar18@gmail.com

Mobile: 7718019109

Sex: Male

ASSIGN DOCTOR:

Name: dr.john

SERVICE	PRICE	TOTAL
Tooth Pain	12000.00	12000.00
		SUB TOTAL: : 12000.00
		DISCOUNT(10%): : 1200.00
		GRAND TOTAL: : 11800.00

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