

PRESCRIPTION

PATIENT DETAILS:

Patient Name: sahil

Age: 17

Sex: Male

Diagnosis: tooth whitening

ASSIGN DOCTOR:

Name: dr john

MEDICATION

1) dolo

2) painkiller

NEXT VISIT

Date: 30/10/2025

www.dentocare+.com

9607870553

hello@reallygreatsite.com

INVOICE

Invoice ID: INV-1760600527192

Date: 16/10/2025

PATIENT DETAILS:

Patient Name:

Age:

Email:

Mobile:

Sex:

ASSIGN DOCTOR:

Name:

SERVICE	PRICE	TOTAL
No services added		

SUB TOTAL: : 10.00

DISCOUNT(10%): : 10.00

GRAND TOTAL: : 10.00

www.denlocarer.com
9607870953
hello@realtygreastate.com