

PRESCRIPTION

PATIENT DETAILS:

Patient Name: kane

Age: 45

Sex:

Diagnosis: tooth pain n gum

ASSIGN DOCTOR:

Name: dr-michael-smith

MEDICATION

1) spray | 2 spray | before eating | 15days

NEXT VISIT

Date: 30/10/2025

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

INVOICE

Invoice ID: INV-1761167390565

Date: 2025-10-22

PATIENT DETAILS:

Patient Name: kane

Age: 45

Email: chinmaykumbhar4321@gmail.com

Mobile: 9876543210

Sex:

ASSIGN DOCTOR:

Name: dr-michael-smith

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

www.denlocarer.com
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dentocareplus@gmail.com