

# PRESCRIPTION

**PATIENT DETAILS:**

Patient Name: dhanu

Age: 17

Sex: Female

Diagnosis: tooth pain

**ASSIGN DOCTOR:**

Name: dr.sneh

---

**MEDICATION**

1) dolo

2) paracetamol

---

**NEXT VISIT**

Date: 23/10/2025

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

# INVOICE

**Invoice ID: INV-1760603041977**

**Date: 2025-10-16**

**PATIENT DETAILS:**

Patient Name: dhanu

Age: 17

Email: snehjondhalekar8@gmail.com

Mobile: 9607870553

Sex: Female

**ASSIGN DOCTOR:**

Name: dr.sneh

SERVICE	PRICE	TOTAL
tooth pain	12000.00	12000.00
		SUB TOTAL: : 12000.00
		DISCOUNT(10%): : 1200.00
		<b>GRAND TOTAL: : 11800.00</b>

www.denlocarer.com  
9607870953  
dentocareplus@gmail.com