

PRESCRIPTION

PATIENT DETAILS:

Patient Name: Sneh Sandeep Jondhalekar

Age: 11

Sex:

Diagnosis: uhyhb

ASSIGN DOCTOR:

Name: dr-emily-davis

MEDICATION

1) hajahhsjn	take before lunch	1-0-1
4)		

NEXT VISIT

Date:

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

INVOICE

Invoice ID: INV-1760897937225

Date: 2025-10-19

PATIENT DETAILS:

Patient Name: Sneh Sandeep Jondhalekar

Age: 11

Email: chinmaykumbhar4321@gmail.com

Mobile: 9607870553

Sex:

ASSIGN DOCTOR:

Name: dr-emily-davis

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

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dentocareplus@gmail.com