

PRESCRIPTION

PATIENT DETAILS:

Patient Name: Arya Rai

Age: 17

Sex:

Diagnosis: gum disease

ASSIGN DOCTOR:

Name: dr-emily-davis

MEDICATION

1) colgate | bean size | after food | 30 days

NEXT VISIT

Date: 23/10/2025

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

INVOICE

Invoice ID: INV-1761073324677

Date: 2025-10-21

PATIENT DETAILS:

Patient Name: Arya Rai

Age: 17

Email: chinmaykumbhar4321@gmail.com

Mobile: 9876543210

Sex:

ASSIGN DOCTOR:

Name: dr-emily-davis

SERVICE	PRICE	TOTAL
gum disease	12000.00	12000.00
		SUB TOTAL: : 12000.00
		DISCOUNT(10%): : 1200.00
		GRAND TOTAL: : 11800.00

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