

PRESCRIPTION

PATIENT DETAILS:

Patient Name: Pratham Patel

Age: 17

Sex:

Diagnosis: denatl implant

ASSIGN DOCTOR:

Name: dr-emily-davis

MEDICATION

1) colgate

NEXT VISIT

Date: 30/10/2025

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

INVOICE

Invoice ID: INV-1760770176545

Date: 2025-10-18

PATIENT DETAILS:

Patient Name: Pratham Patel

Age: 17

Email: patelpratham594@gmail.com

Mobile: 8097399183

Sex:

ASSIGN DOCTOR:

Name: dr-emily-davis

SERVICE

PRICE

TOTAL

SUB TOTAL: : 10.00

DISCOUNT(10%): : 10.00

GRAND TOTAL: : 10.00

www.denlocarer.com
9607870953
dentocareplus@gmail.com