

PRESCRIPTION

PATIENT DETAILS:

Patient Name: Maria Garcia

Age: 18

Sex: Female

Diagnosis: Tooth Pain

ASSIGN DOCTOR:

Name: dr-sarah-kim

MEDICATION

1) Pain killer

NEXT VISIT

Date:

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

INVOICE

Invoice ID: INV-1760621703550

Date: 2025-10-16

PATIENT DETAILS:

Patient Name: Maria Garcia

Age: 18

Email: maria.garcia@example.com

Mobile: +1 (555) 345-6789

Sex: Female

ASSIGN DOCTOR:

Name: dr-sarah-kim

SERVICE	PRICE	TOTAL
tooth pain	11500.00	11500.00
		SUB TOTAL: : 11500.00
		DISCOUNT(10%): : 1150.00
		GRAND TOTAL: : 11350.00

www.denlocarer.com
9607870953
dentocareplus@gmail.com