

PRESCRIPTION

PATIENT DETAILS:

Patient Name: john

Age: 11

Sex: Male

Diagnosis: fever

ASSIGN DOCTOR:

Name: dr-michael-smith

MEDICATION

1) paracetamol

NEXT VISIT

Date: 28/10/2025

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

INVOICE

Invoice ID: INV-1760897721703

Date: 2025-10-19

PATIENT DETAILS:

Patient Name: john

Age: 11

Email: chinmaykumbhar4321@gmail.com

Mobile: 9876543210

Sex: Male

ASSIGN DOCTOR:

Name: dr-michael-smith

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

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