

# PRESCRIPTION

**PATIENT DETAILS:**

Patient Name:

Age:

Sex:

Diagnosis:

**ASSIGN DOCTOR:**

Name:

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**MEDICATION**

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**NEXT VISIT**

Date:

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

# INVOICE

Invoice ID: INV-1760610392513

Date: 16/10/2025

**PATIENT DETAILS:**

Patient Name:

Age:

Email:

Mobile:

Sex:

**ASSIGN DOCTOR:**

Name:

SERVICE	PRICE	TOTAL
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No services added

SUB TOTAL: : 10.00

DISCOUNT(10%): : 10.00

**GRAND TOTAL: : 10.00**

www.denlocarer.com  
9607870953  
dentocareplus@gmail.com