

# PRESCRIPTION

**PATIENT DETAILS:**

Patient Name: sneh  
Age: 18  
Sex: Male  
Diagnosis: tooth pain

**ASSIGN DOCTOR:**

Name: dr.anant

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**MEDICATION**

- 1) dolo
  - 2) pain killer
- 

**NEXT VISIT**

Date: 23/10/2025

www.dentocare+.com  
9607870553  
hello@reallygreatsite.com

# INVOICE

**Invoice ID: INV-1760601468509**

**Date: 2025-10-16**

**PATIENT DETAILS:**

Patient Name: sneh

Age: 18

Email: snehjondhalekar8@gmail.com

Mobile: 9607870553

Sex: Male

**ASSIGN DOCTOR:**

Name: dr.anant

SERVICE	PRICE	TOTAL
tooth pain	12000.00	12000.00
		SUB TOTAL: : 12000.00
		DISCOUNT(10%): : 1200.00
		<b>GRAND TOTAL: : 11800.00</b>

www.denlocarer.com  
9607870953  
hello@realtygrealstate.com