

# PRESCRIPTION

**PATIENT DETAILS:**

Patient Name: Sneh Sandeep Jondhalekar

Age: 11

Sex: Male

Diagnosis: ntgh

**ASSIGN DOCTOR:**

Name: dr-michael-smith

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**MEDICATION**

1) dolo | 1tab | afterlunch | for5days

2) | | |

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**NEXT VISIT**

Date: 21/10/2025

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

# INVOICE

Invoice ID: INV-1760939292746

Date: 2025-10-20

**PATIENT DETAILS:**

Patient Name: Sneh Sandeep Jondhalekar

Age: 11

Email: chinmaykumbhar4321@gmail.com

Mobile: 9876543210

Sex: Male

**ASSIGN DOCTOR:**

Name: dr-michael-smith

SERVICE	PRICE	TOTAL
nthg	199.00	199.00
		SUB TOTAL: : 199.00
		DISCOUNT(10%): : 19.90
		<b>GRAND TOTAL: : 189.10</b>

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