

# DENTI i DELIL

## PROFORMA BILL

Patient Name: John Doe

Phone: 1234567890

To

Date: 2024-12-08

Date :

Item Details:

Invoice no : N°



Zirconium Crowns - Qty: 27 - Unit Price: 111.11 - Total: 3000

VIP Transfer - Qty: 1 - Unit Price: 0 - Total: 0

### DESCRIPTION

Subtotal: 3000

QTY

PRICE

TOTAL

Final Discount: 0

Grand Total: 3000

### Term and Conditions :

- Payment Policy:** The total amount in this invoice applies to **cash payments** only. For card payments, an **additional fee** may be incurred based on the payment processor's charges.
- Transfers:** Transfers between the clinic and hotel are included. the airport shuttle is also covered .
- Final Treatment Plan:** will be determined **by the doctor based on the patient's specific needs and medical evaluation**. The plan will only proceed upon the patient's review and formal acceptance

Sub total

Final discount

**GRAND TOTAL :**

**ARAB NADINE**

**INTERNATIONAL SALES SPECIALIST**



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