

DENTI i DELIL

PROFORMA BILL

TO:

No :

Date :

| DESCRIPTION | QTY | PRICE | TOTAL |
|-------------|-----|-------|-------|
| | | | |

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.
- **Hotel Accommodation:** accommodation for up to 5 days in a double room is included. Any additional days beyond the 5-day limit will be charged to the patient.
- **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

First visit :

Second visit :

GRAND TOTAL :



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