

# DENTI i DELIL

## PROFORMA BILL

To

Date :

Invoice no : N°



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.
- **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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