Grace's Dental Clinic

Dental Invoice

Bill to
Name: New D. User
Service Rendered: Tooth Restoration / Pasta
Address: Sample
Phone: 09123456789

Invoice No: 7
Date: February 19, 2025

Tooth	Surface	Fee	Balance
13	down	6,654	0
23	up	2,345	0

Payment History

Tooth	Payment Date	Paid	Payment Method	Reference Number
13	February 10, 2025	6,654	G-cash	225698481
23	February 10, 2025	2,345	Cash	Not G-cash MOP