



Grace's Dental Clinic

Dental Invoice

Name: Saymond C. Patient
Email: cymonbuladaco971@gmail.com
Service Rendered: Orthodontic Treatment / Braces
Address: Purok 7, Ising Carmen Davao del Norte
Phone: 009510262898

Marital Status: Single
Occupation: Developer
Gender: Male
Invoice No: 2
Date: 2024-12-31

Tooth	Surface	Fee	Balance
34	Down	1,000	1,000

Payment History

Tooth	Payment Date	Paid	Payment Method	Reference Number
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User A. Assistant

Prepared by

Dr. Rene Grace S. Ocon

Approved by