



Graces Dental Clinic

Dental Implant Invoice

Bill to

Name: New D User

Street Address: Sample

Phone: 09123456789

Invoice No: 1

Date: December 26, 2024

| Tooth | Surface | Fee | Balance |
|-------|---------|---------|---------|
| 18 | 2 | 2000.00 | 0.00 |
| 23 | 2 | 1500.00 | 0.00 |
| 11 | 1 | 500.00 | 0.00 |
| 29 | 2 | 5000.00 | 0.00 |

Payment History

| Tooth | Payment Date | Paid | Payment Method | Reference Number |
|-------|-------------------|------|----------------|------------------|
| 18 | November 24, 2024 | 500 | Cash | Not G-cash MOP |
| 18 | November 25, 2024 | 500 | G-cash | 123456789 |
| 18 | November 26, 2024 | 500 | Cash | Not G-cash MOP |
| 18 | November 27, 2024 | 200 | Cash | Not G-cash MOP |
| 18 | November 28, 2024 | 50 | Cash | Not G-cash MOP |
| 18 | November 29, 2024 | 50 | Cash | Not G-cash MOP |
| 18 | November 30, 2024 | 1 | Cash | Not G-cash MOP |
| 18 | December 1, 2024 | 1 | Cash | Not G-cash MOP |
| 18 | December 2, 2024 | 1 | Cash | Not G-cash MOP |
| 18 | December 3, 2024 | 2 | Cash | Not G-cash MOP |
| 18 | December 4, 2024 | 3 | Cash | Not G-cash MOP |
| 18 | December 6, 2024 | 2 | Cash | Not G-cash MOP |
| 29 | November 24, 2024 | 5000 | Cash | Not G-cash MOP |