



Graces Dental Clinic

Dental Implant Invoice

Bill to

Name: Saymond C Patient

Street Address: Purok 7, Ising Carmen Davao
del Norte

Phone: 009510262898

Invoice No: 3

Date: December 30, 2024

Tooth	Surface	Fee	Balance
11	2	1000.00	0.00
13	down	2000.00	0.00

Payment History

Tooth	Payment Date	Paid	Payment Method	Reference Number
11	December 31, 2024	1000	Cash	Not G-cash MOP
13	December 31, 2024	2000	G-cash	123456789