



Tejus Dental Clinic

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INVOICE

Priya Bhavani Shankar Ramanathan Krishnaswami
F / 10
4350843580

PAT10201511

Doctor: **Dr. Raahul**

INV29854
Dec 10, 2020

PROCEDURE	COST	QTY	TOTAL
Filling 2020-12-13T13:04:12.356Z Tooth Num: 32,10	12345 6789	2	123456789 010.00
This will be the detailed description 2020-12-13T13:28:55.279Z Tooth Num: 32,10	100		100.00
Filling Tooth Num: 28			
One line can contain maximum of this 2020-12-13T13:04:12.356Z Tooth Num: 1	200	100 245 20	100.00

Sub Total: Rs. **1200.00**

Grand Total: Rs. **1200.00**

Payment Method: GPay

Payment ID: 10E9348DJ3918N398N