



# INVOICE

Invoice #: 18

Date: Jul 24, 2025

Patient: D Gayashan3

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Phone: +94716986818

Dentist: Sandaru12 Piumantha

Email: dasanthajayathilaka56@gmail.com

Phone: 0776755036

Service	Amount
test_srvice	Rs. 200.00
Subtotal	Rs. 200.00
Tax	Rs. 100.00
Lab Cost	Rs. 20.00
Discount	Rs. 30.00
Total	Rs. 290.00