

Invoice

Invoice ID: 4
Date: 7/9/2025
Patient: d shadow12
Dentist: Dilesha Gayashan
Payment Type: cash
Tax Rate: 0%
Lab Cost: Rs. 0.00
Discount: Rs. 4.98
Note: 12342444

#	Service	Description	Amount
1	test_srvice	-	Rs. 200.00

Total Amount: Rs. 195.02