



# INVOICE

Invoice #: 6

Date: Jul 9, 2025

Patient: D Gayashan3

Email: ashborn541@gmail.com

Phone: 077123456878

Dentist: Dilesha Gayashan

Email: gayashankdd@gmail.com

Phone: 0776624612

Service	Amount
test_srvice	Rs. 200.00
Subtotal	Rs. 200.00
Tax	Rs. 8.00
Lab Cost	Rs. 100.00
Discount	Rs. 12.00
Total	Rs. 296.00