

# SHREE DENTAL CLINIC

Sun Gloria Society, Ambegaon Bk

Pune 411046

Phone no.: 8669066411

Email: sdc.ambegaonbk.pune@gmail.com



## Tax Invoice

### Bill To:

Shriyash Parandkar

Contact No.: 7021707728

Invoice No.: 32

Date: 29-03-2023

#	Item name	HSN/ SAC	Quantity	Price/ unit	Amount
1	Consultation fees		1	₹ 200.00	₹ 200.00
2	Digital xray		1	₹ 200.00	₹ 200.00
3	Root canal treatment		1	₹ 3,000.00	₹ 3,000.00
4	PFM CROWN		1	₹ 3,000.00	₹ 3,000.00
Total			4		₹ 6,400.00

### INVOICE AMOUNT IN WORDS

Six Thousand Four Hundred Rupees only

### TERMS AND CONDITIONS

Thank you for doing business with us.

Sub Total ₹ 6,400.00

**Total ₹ 6,400.00**

Received ₹ 6,400.00

Balance ₹ 0.00

For, SHREE DENTAL CLINIC

Dr Prashant K Gupta (Oral And Maxillofacial Surgeon) REG NO A- 33789



HDFC BANK LTD., GROUND FLOOR, SHOWROOM NO.2 ARISSA AVENUE,  
KHARADI EON, KHARADI, PUNE, PUNE-411014, MAHARASHTRA  
RTGS / NEFT IFSC : HDFC0009107

D	D	M	M	Y	Y	Y	Y
Valid for 3 months only							

Pay

Rupees रुपये

Or Bearer

या धारक को

अदा करें

₹

A/c. No.

खाता नं.

50100492102639

Brn: 9107 Pdt:161

SB A/C

(New Account)

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈000001⑈ 4112400641⑈ 008197⑈ 31