

## **Invoice**

Clinic Name: R M DENTAL Hospital Address: Jagatpur, Bareilly UP

Phone No.: 9456987987

Email ID:

Patient Details:		
Name: Haseeb Khan	Patient Gender:	Male
Address: Faiq Colony, Bareilly	Patient Age:	37
	Invoice No:	444
Phone No.: 9654707082	Date:	10-Sep-24
Email ID:	Next Consutancy:	
Doctor Details:		
Doctor Name:		
Under the Consult ofDr. Azhar Khan (Dr.	Name)	
Patient Observation:		

## **Dental restoration**

Description	Quantity	Price / Rate	Amount
Dental fillings	2	1250	2500
Total	2		2500

Total Amount In Words:	Sub Total:	2500
	Discount:	0
Payment Info:		
	Total Amount:	2500
Terms and Conditions:	Signature	