



# Invoice

**Clinic Name :** R M DENTAL Hospital

**Address:** Jagatpur, Bareilly UP

**Phone No.:** 9456987987

**Email ID:**

## Patient Details:

**Name:** Haseeb Khan

**Address:** Faiq Colony, Bareilly

**Phone No.:** 9654707082

**Email ID:**

**Patient Gender:** Male

**Patient Age:** 37

**Invoice No:** 443

**Date:** 10-Sep-24

**Next Consutancy:**

## Doctor Details:

**Doctor Name:**

**Under the Consult of** Dr. Azhar Khan (Dr. Name)

## Patient Observation:

DENTAL CARIES

Description	Quantity	Price / Rate	Amount
Scalling	1	1500	1500
<b>Total</b>	<b>1</b>		<b>1500</b>

<b>Total Amount In Words:</b>	<b>Sub Total:</b> 1500
	<b>Discount:</b> 0
<b>Payment Info:</b>	
	<b>Total Amount:</b> 1500
<b>Terms and Conditions:</b>	<b>Signature</b>