



Gigi Priority Dental Clinic

Jl. Anggrek
No. 36 - Bandung
+62 22 7234 227

Official Receipt

Invoice No. : REP-A025008/2023

Invoice Date: 05-03-2023

Received from Rini Handayani

the sum of Indonesian Rupiah **** 750,000 ****

being payment for dental / treatment charges.

No	Description	Qty	Discounts	Unit Price (RP)	Total Price (RP)
1	GBM02-Ekstraksi II (Injeksi) Kasus Sederhana	2	0	350,000	700,000
2	C-00001 Administrasi Per Kunjungan	1	0	50,000	50,000
Subtotal					750,000

Remark:

Discount (-) : 0

Total : 750,000

Billing Type: - Cash Patient -

Payment Type: FULL PAYMENT

Payment Collected By : Kresna b.



Authorized Signature