

INVOICE

BILL TO

CODE
 Name/ Surname

Address:

Document Number KASA-9-2311
 Date 07.06.2025

DESCRIPTION	QYT	UNIT PRICE	AMOUNT	DETAIL
CROWNS	24,00	200,00	4.800,00	IVOCLAR
INFECTION REMOIV	1,00	250,00	250,00	← Couronnes
ROOT CANAL	4,00	100,00	400,00	← Désinfection
GINGIVECTOMIY	3,00	100,00	300,00	← Dévitalisation
NIGHT GUARD	1,00	200,00	200,00	← Gingivectomie
				← Gouttière



TOTAL PAYMENT	5.950,00	Euro
REMAINING BALANCE	-5.950,00	Euro
	0,00	Euro