



INVOICE

PATIENT **manjusha**
ADDRESS **hn town**
EMAIL mitkelwar@gmail.com
DATE **27 / 05 / 2020.**
TIME **19 : 51: 14**
AGE **49**

Dentinix
Off Kasavanahalli Main Road,
Norbert Church Rd, Kasavanahalli,
Bengaluru, Karnataka 560035
(+91) 080 4093 5529

drshrutikadentinix@gmail.com

#	ITEM	QUANTITY	PRICE	TOTAL
1	item1	2	10.00	20.00
2	item 2	5	50.00	250.00
			SUBTOTAL	270.00

NOTICE:

A finance charge of 1.5% will be made on unpaid balances after 30 days.

Invoice was created on a computer and is valid without the signature and seal.