

# L.A. Dental Clinic

Bill To:  
**payment.patient.name**

Date: Feb 11, 2020

Payment Terms: Cash - Paid

**Balance Due:** **-₱10.00**

Item	Quantity	Rate	Amount
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Subtotal: ₱0.00

Total: ₱0.00

Amount Paid: ₱10.00

Notes:

Thanks for being an awesome customer!