

Invoice

Patient Details :

Patient Type :

Doctor Details :

Doctor Name : Dr. Goutam marko

Mobile : 1236547890

Email : goutammarko@gmail.com

Patient Observation :

Seleted Teeth	Disease	Chief Complain	On Exmination	Advice
18, 17, 16, 15, 14, 13, 12, 11, 21, 22, 23, 24, 25, 26, 27, 28, 48, 47, 46, 45, 44, 43, 42, 41, 31, 32, 33, 34, 35, 36, 37, 38	Fracture	Test Chief Complaint	Test Examination	Test Advice

Treatment Procedure :

S. No.	Treatment	Teeth	Qty	Cost	Cst * Qty	Disc %	Net Sitting Amount	Paid Amount
1	Re-Root Canal Treatlment @ per tooth	18, 17, 16, 15, 14, 13, 12, 11, 21, 22, 23, 24, 25, 26, 27, 28, 48, 47, 46, 45, 44, 43, 42, 41, 31, 32, 33, 34, 35, 36, 37, 38	32	4000	128000	0	100000	100000
2	Re-Root Canal Treatlment @ per tooth	18, 17, 16, 15, 14, 13, 12, 11, 21, 22, 23, 24, 25, 26, 27, 28, 48, 47, 46, 45, 44, 43, 42, 41, 31, 32, 33, 34, 35, 36, 37, 38	32	4000	128000	0	28000	28000
Treatment Total: 128000							128000	0

Total Amount In Words :
one lakh twenty eight thousand

Amount Received After Treatment: 0

Total Amount Recieved: 128000

Payment Info :

Account No.:

Account Name:

Bank Name:

IFSC/Bank Code:

UPI ID:

Clinic Seal & Signature

Terms and Conditions :