

D' 13TH SMILE DENTAL CLINIC

2nd Floor Town Center, Himatagon, Saint Bernard, Southern Leyte

TRECE DURAN M. MAGBANUA -P

ACKNOWLEDGEMENT RECIEPT

Date: _____

Name: _____

No. _____

QTY	ITEM DESCRIPTION	PRICE	AMOUNT
Total:			

Mode of payment: _____

Signature