

# 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