

D' 13TH SMILE DENTAL CLINIC

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

TRECE DURAN M. MAGBANUA -P

ACKNOWLEDGEMENT RECIEPT

Name: **MARC CRISALD PERU CANCIO**

Date: **04-03-2025**

No. **E-0000002**

QTY	ITEM DESCRIPTION	PRICE	AMOUNT
1	Pasta	1234	1234
1	product_1	100	100
Total:		Cash	1334

Mode of payment: _____

Signature