

**Smile Care inc.**

**Date:** 2025-05-22

**Receipt Number:** DR-20250522-001

**Patient Information:**

- Name: John Doe
- Address: 123 Main Street, Anytown, USA
- Date of Birth: 1980-01-15

**Dentist Information:**

- Name: Dr. Jane Smith
- Practice: Anytown Dental Clinic
- Address: 456 Oak Avenue, Anytown, USA
- Phone: 555-123-4567

**Services Provided:**

Code	Description	Date	Fee
D0120	Periodic Oral Evaluation	2025-05-22	\$75.00
D1110	Adult Prophylaxis (Cleaning)	2025-05-22	\$120.00
D2740	Crown - Porcelain/Ceramic	2025-05-22	\$1,200.00
D9972	Pre-Treatment Exam	2025-05-22	\$50.00

**Total Amount:** \$1,445.00

**Payment Information:**

- Payment Method: Credit Card
- Amount Paid: \$1,445.00
- Payment Date: 2025-05-22

**Notes:**

- Patient is covered by insurance plan ABC123.
- Please submit this receipt for insurance reimbursement.

**Signature:**

- \_\_\_\_\_ (Dr. Jane Smith)