



72/5(163/5), 1ST FLOOR, MEDAVAKKAM TANK ROAD, KILPAUK, CHENNAI 600 010.

CONTACT NO: 9043158269, 9043679148

Ms. Samreen Fathima S T (Age: 25 Yrs) [ID: 202601123]

Mobile No: +91 9884017860

By: **Dr. N. Subash Chandar, MDS (Orthodontics & Dento-facial Orthopaedics)**

Regd.No: 11888

Receipt

Date: **16 Feb, 2026**

Receipt Number: **000121**

Received with thanks, amount of 12,800.00 INR towards the following:

#	TREATMENT & PROCEDURE	QTY	TOTAL COST INR
1.	TEETH REMOVAL	5	8500.00
2.	COMPOSITE RESTORATIVE FILLINGS	2	2500.00
3.	GIC RESTORATIVE FILLINGS	2	1800.00

Total Cost: 12,800.00 INR

Grand Total: 12,800.00 INR

Amount Received on 16 Feb, 2026: 12,800.00 INR

Balance Amount on 16 Feb, 2026: 0.00 INR

Mode of payment: **Cash**

Signature

Smile Orchid
MULTISPECIALTY DENTAL CLINIC
72/5 (163/5) 1st Floor,
Medavakkam Tank Road, Barakka Road,
Kilpauk, CHENNAI-10
CELL: 95516 27641, 90431 58269