

INVOICE

BRIGHTCARE DENTAL

Clinic Main Road, City Center
+91 98765-43210
www.brightcaredental.com

INVOICE NO: APT1766815393696

DATE: 2025-12-27

BILLED TO

Patient Name: Sathish

Phone No: 736366322

Age / Gender: 34 / Male

NO.	SERVICE DESCRIPTION	QTY	PRICE	AMOUNT
1	Consultation - Dr. Arjun Kumar (11:00)	1	₹ 100.00	₹ 100.00

Subtotal: ₹ 100.00

Tax (0%): ₹ 0.00

TOTAL AMOUNT: ₹ 100.

Notes:

Please arrive 10 minutes before your slot.

Payment Mode: Online (UPI)

Status: Paid

Authorized Signature