

INVOICE

INVOICE NO: APT1766815393696

DATE: 2025-12-27

BRIGHTCARE DENTAL

Clinic Main Road, City Center

+91 98765-43210

www.brightcaredental.com

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	1 1 0 0 . 0 0	1 1 0 0 . 0 0

Subtotal: 1 1 0 0 . 0 0

Tax (0%): 1 0 . 0 0

TOTAL AMOUNT: 1 1 0 0 .

Notes:

Please arrive 10 minutes before your slot.

Payment Mode: Online (UPI)

Status: Paid

Authorized Signature