

QUOTATION (Treatments / Procedures)

Reg TRN No

: 12345678998754

Facility Name

: VISION MEDICAL & DENTAL CENTER (Abu Dhabi)

Address

: Rolla
: 065634883/971505961569

Doctor

: Alan(DHA # -GD10001)

Patient Name

: Alston Rebello

Age / Gender

: 27Y - 8M - 10D/Male

Visit Date

: 01-Mar-2024 08:45 - 09:00

Department

: Dental

MRN/File No.

: 17

Type

: Cash

Made By

: Alan

#	Treatment/Procedure	Qty	Unit Price	Gross	Discount	Net	VAT	NET + VAT
01	4322 Test/Analysis, Histopathological, Biopsy, Hard Oral Tissue - by Incision + L	1.00	400.00	400.00	104.00	296.00	0.00	296.00
		1.00	400.00	400.00	104.00	296.00	0.00	296.00

Kindly note that this automated and uniquely dated invoice is payable on this visit before leaving the Center deposit will be automatically deducted upon settlement.

Patient Signature