

## QUOTATION (Treatments / Procedures)

Reg TRN No : 12345678998754  
Facility Name : VISION MEDICAL & DENTAL CENTER (Abu Dhabi)  
Address : Rolla  
: 065634883/971505961569

Doctor	: Alan(DHA # -GD10001)	Department	: Dental
Patient Name	: Alston Rebello	MRN/File No.	: 17
Age / Gender	: 27Y - 8M - 17D/Male	Type	: Cash
Visit Date	: 09-Mar-2024 09:15 - 09:30	Made By	: Alan

#	Treatment/Procedure	Qty	Unit Price	Gross	Discount	Net	VAT	NET + VAT
01	<b>D-CPT01</b> Dental Cash Treatment	1.00	500.00	500.00	2.00	498.00	0.00	498.00
02	<b>76819</b> Fetal biophysical profile; without non-stress testing	1.00	185.00	185.00	0.00	185.00	0.00	185.00
		2.00	685.00	685.00	2.00	683.00	0.00	683.00

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