

QUOTATION (Treatments / Procedures)

Reg TRN No : 100594463000003
Facility Name : Oxygen Medical Center L.L.CÂ (Ajman)
Address : Al Rumailah - Al Rumailah 3 - Ajman
067406022/97167406088

Doctor : Amal Kassem(DHA # -D17988) Department : Hydrafacial
Patient Name : Baby Shikha Majed Abdallah MRN/File No. : 38539
Age / Gender : 6Y - 10M - 3D/Female Type : Insurance
Visit Date : 28-Mar-2024 14:00 - 15:00 Made By : Amal Kassem

#	Treatment/Procedure	Qty	Unit Price	Gross	Discount	NET	VAT	NET + VAT
01	D0431 adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	1.00	125.00	125.00	0.00	112.50	0.00	112.50
		1.00	125.00	125.00	0.00	112.50	0.00	112.50

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