



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 : Mavis Vermillion MRN/File No. : 20
 Age / Gender : 34Y - 2M - 0D/Female Type : Insurance
 Visit Date : 29-Feb-2024 08:15 - 08:30 Made By : Alan

#	Treatment/Procedure	Qty	Unit Price	Gross	Discount	NET	VAT	NET + VAT
01	ADNIC-02 Adnic Co.Pay Testing	1.00	546.65	546.65	0.00	409.99	0.00	409.99
02	ADNIC-03 Adnic Dental Co.Pay Testing	1.00	564.36	564.36	28.22	402.10	0.00	402.10
03	ADNIC-05 Adnic Dental Consulation Testing	1.00	450.00	450.00	0.00	337.50	0.00	337.50
		3.00	1561.01	1561.01	28.22	1149.59	0.00	1149.59

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

