

TAX INVOICE

Reg TRN No : 100290453800003
Facility Name : VISION MEDICAL & DENTAL CENTER (Abu Dhabi)
Address : 9G-17, LOB street, behind Bank of Baroda, HFZA, Sharjah, Sharjah, United Arab Emirates, 49241
: 97165634883/0567777433

Invoice No	: INV-1C00486	Invoice Date	: 08-Jun-2023 17:44:08
Doctor	: Doctor-9 (DHA # - GT18525)	Department	: Laser
Patient Name	: Aamie May	MRN/File No.	: 7000282
Age / Gender	: 0Y - 1M - 6D / Female	Type	: Cash
Visit Date	: 09-Jun-2023 09:45 - 10:00	Made By	: Super Administrator

	Treatment/Procedure	Qty	Unit Price	Gross	Discount	Net	VAT	Net + VAT
01	85025 CBC	1.00	3,000.00	3,000.00	750.00	2,362.50	0.00	2,362.50
02	81000 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	1.00	0.00	0.00	0.00	0.00	0.00	0.00
03	82040 Albumin; serum, plasma or whole blood	1.00	0.00	0.00	0.00	0.00	0.00	0.00
04	82310 Calcium; total	1.00	0.00	0.00	0.00	0.00	0.00	0.00
05	84439 Thyroxine; free	1.00	0.00	0.00	0.00	0.00	0.00	0.00
Gross Amount (in AED)								3,000.00
Discount (in AED)								750.00
Net Amount (in AED)								2,362.50
Tax on 5% (in AED)								0.00
Credit Note (in AED)								0.00
Credit Note VAT (in AED)								0.00
Total Amount(in AED)								2,362.50
Paid by Cash (in AED)								2,350.00
Bad Debit (in AED)								12.50
Balance (in AED)								-2,350.00
Advance Balance (in AED)								0.00

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