

QUOTATION (Treatments / Procedures)

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

Doctor : Doctor(DHA # -DHA101) Department : Speech Therapy
Patient Name : Alston Rebello MRN/File No. : 17
Age / Gender : 27Y - 10M - 0D/Male Type : Insurance
Visit Date : 20-Apr-2024 10:00 - 10:15 Made By : Doctor

#	Treatment/Procedure	Qty	Unit Price	Gross	Discount	NET	VAT	NET + VAT
01	93930 DUPLEX SCAN OF UPPER EXTREMITIES ARTERIES	1.00	600.00	600.00	0.00	540.00	0.00	540.00
		1.00	600.00	600.00	0.00	540.00	0.00	540.00

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