

## **TAX INVOICE**

Reg TRN No : 100290453800003

Facility Name : VISION MEDICAL & DENTAL CENTER (Abu Dhabi)

. 9G-17, LOB street, behind Bank of Baroda, HFZA, Sharjah, Sharjah, United Arab Emirates, 49241  $\dot{\phantom{0}}$  97165634883/0567777433 Address

Invoice No : INV-1C00480 Invoice Date : 05-Jun-2023 15:47:37

Doctor : Doctor-9(DHA # -GT18525) Department : Laser : 7000282 Patient Name : aamie may MRN/File No. Age / Gender : 0Y - 1M - 7D/Female Туре : Cash : 06-Jun-2023 09:45 - 10:00 Made By Visit Date : Super

|                          | Treatment/Procedure  | Qty  | Unit<br>Price | Gross  | Discount | Net    | VAT    | Net + VAT  |
|--------------------------|--|------|---------------|--------|----------|--------|--------|------------|
| 01                       | 452 Anesthesia for procedures on clavicle and scapula; radical surgery | 1.00 | 396.00        | 396.00 | 0.00     | 396.00 | 0.00   | 396.00     |
| Gross Amount (in AED)    |  |      |               |        |          |        |        | 396.00     |
| Discount (in AED)        |  |      |               |        |          |        | 0.00   |            |
| Net Amount (in AED)      |  |      |               |        |          |        | 396.00 |            |
| Tax on 5% (in AED)       |  |      |               |        |          |        |        | 0.00       |
| Credit Note (in AED)     |  |      |               |        |          |        | 0.00   |            |
| Credit Note VAT (in AED) |  |      |               |        |          |        | 0.00   |            |
| Total Amount(in AED)     |  |      |               |        |          |        |        | 396.000.00 |

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