

QUOTATION (Treatments / Procedures)

Reg TRN No

: 12345678998754

Facility Name

: VISION MEDICAL & DENTAL CENTER (Abu Dhabi)

Address

: Rolla
065634883/971505961569

Doctor

: Alan(DHA # -GD10001)

Patient Name

: Alston Rebello

Age / Gender

: 27Y - 8M - 10D/Male

Visit Date

: 01-Mar-2024 08:45 - 09:00

Department

: Dental

MRN/File No.

: 17

Type

: Insurance

Made By

: Alan

#	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