

QUOTATION (Treatments / Procedures)

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

| | |
|--|----------------------------|
| Doctor : Ophthalmology(DHA # -Oph45) | Department : Ophthalmology |
| Patient Name : Aswathi Vipin | MRN/File No. : 1 |
| Age / Gender : 32Y - 3M - 12D/Female | Type : Insurance |
| Visit Date : 04-Mar-2024 08:45 - 09:00 | Made By : Ophthalmology |

| # | Treatment/Procedure | Qty | Unit Price | Gross | Discount | NET | VAT | NET + VAT |
|----|---|------|------------|--------|----------|-------|------|-----------|
| 01 | 84620 Xylose absorption test, blood and/or urine | 1.00 | 43.00 | 43.00 | 0.00 | 36.55 | 0.00 | 36.55 |
| 02 | 97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) | 1.00 | 58.00 | 58.00 | 0.00 | 49.30 | 0.00 | 49.30 |
| | | 2.00 | 101.00 | 101.00 | 0.00 | 85.85 | 0.00 | 85.85 |

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