

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