

QUOTATION (Treatments / Procedures)

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

| | | | |
|--------------|-------------------------------|--------------|----------|
| Doctor | : Alan(DHA # -15245565544445) | Department | : Dental |
| Patient Name | : Alston Rebello | MRN/File No. | : 17 |
| Age / Gender | : 27Y - 9M - 29D/Male | Type | : Cash |
| Visit Date | : 17-Apr-2024 09:15 - 09:30 | Made By | : Alan |

| # | Treatment/Procedure | Qty | Unit Price | Gross | Discount | Net | VAT | NET + VAT |
|----|---|------|------------|--------|----------|--------|------|-----------|
| 01 | 23322 "Restorations, Tooth Coloured, Permanent Molars, Bonded Technique, Two surfaces (continuous)" | 1.00 | 330.00 | 330.00 | 0.00 | 330.00 | 0.00 | 330.00 |
| | | 1.00 | 330.00 | 330.00 | 0.00 | 330.00 | 0.00 | 330.00 |

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