

QUOTATION (Treatments / Procedures)

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

| | | | |
|--------------|-----------------------------|--------------|-------------|
| Doctor | : Alan(DHA # -GD10001) | Department | : Dental |
| Patient Name | : Mavis Vermillion | MRN/File No. | : 20 |
| Age / Gender | : 34Y - 2M - 0D/Female | Type | : Insurance |
| Visit Date | : 29-Feb-2024 08:15 - 08:30 | Made By | : Alan |

| # | Treatment/Procedure | Qty | Unit Price | Gross | Discount | NET | VAT | NET + VAT |
|----|---|------|------------|---------|----------|---------|------|-----------|
| 01 | ADNIC-02 Adnic Co.Pay Testing | 1.00 | 546.65 | 546.65 | 0.00 | 409.99 | 0.00 | 409.99 |
| 02 | ADNIC-03 Adnic Dental Co.Pay Testing | 1.00 | 564.36 | 564.36 | 28.22 | 402.10 | 0.00 | 402.10 |
| 03 | ADNIC-05 Adnic Dental Consulation Testing | 1.00 | 450.00 | 450.00 | 0.00 | 337.50 | 0.00 | 337.50 |
| | | 3.00 | 1561.01 | 1561.01 | 28.22 | 1149.59 | 0.00 | 1149.59 |

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