



**DENTISTREE
DENTAL CLINIC**

Dentistree Dental Clinic
P.O.Box: 23581
Tel: 042529935
Fax:
Ground floor, Shop 3, Wasl Port Views 8,
Al Mina Road, Jumeirah 1, Dubai

TREATMENTS / PROCEDURES - QUOTATION

| | | | | | |
|-------------------------|---|--------------|-----------------|---|------------|
| Patient Name | : | Lilia Ishane | Age | : | 12 Years |
| Address | : | | Mobile # | : | 0543079960 |
| Medical Record # | : | 1922 | | | |

| Sl No | Code | Procedure | Teeth | Surface | Qty | Unit Price | Total | Discount | VAT % | VAT Amount | Net payable | Notes |
|---------------------|-------|-------------------------|-------|---------|-----|------------------|------------------|-----------------|-------|-------------|------------------|-------|
| 1 | 42 | METALLIC BRACES -2 JAWS | | | 1 | 12,000.00 | 12,000.00 | 2,000.00 | 0.00 | 0.00 | 10,000.00 | |
| 2 | D0340 | cephalometric film | | | 1 | 350.00 | 350.00 | 350.00 | 0.00 | 0.00 | 0.00 | |
| 3 | D0330 | panoramic film | | | 1 | 350.00 | 350.00 | 350.00 | 0.00 | 0.00 | 0.00 | |
| 4 | 63 | FIXED RETAINER | | | 1 | 1,000.00 | 1,000.00 | 1,000.00 | 0.00 | 0.00 | 0.00 | |
| Total (AED): | | | | | | 13,700.00 | 13,700.00 | 3,700.00 | | 0.00 | 10,000.00 | |

Doctor Name

License Number

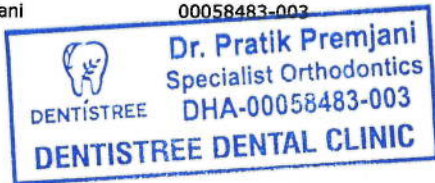
Date

Signature & Stamp

Dr. Pratik Premjani

00058483-003

20-Apr-2023



^ **Payment Plan:**

Metallic Braces 2 jaw- 10,000aed

Down Payment: 2,000aed

Monthly installment: 500 aed

Settlement period: 16 months

Inclusions:

Panoramic x-ray

Cephalometric x-ray

One fixed retainer