



DENTISTREE DENTAL CLINIC

TAX INVOICE

Reg TRN No : 100529934000003
Facility Name : DentisTree Dental Clinic
Address : P.O.Box 23581, Ground floor, Shop 3, Wasl Port Views 8, Al Mina Road, Jumeirah 1, Dubai
042529935 / 045641764

Invoice No : INV-1C007944 Invoice Date : 14-08-2024
Doctor : Pratik Premjani Department : Dental
Patient Name : Mera Elhait MRN # : 4053
Age / Gender : 14Y - 3M - 16D / Female Type : Cash
Visit Date : 14-08-2024 Inv. Time : 12:34:48

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D0330	panoramic film		300.00	1	300.00	0.00	0	0.0000	300.00
2	D0340	cephalometric film		300.00	1	300.00	0.00	0	0.0000	300.00
3	42	METALLIC BRACES -2 JAWS		12,000.00	1	12,000.00	0.00	0	0.0000	12,000.00
Gross Amount (in AED)										12,600.00
Discount (in AED)										0.00
Net Amount (in AED)										12,600.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										12600.00
Paid (in AED) (Cash)										12,600.00
Balance (in AED)										0.00
Advance Balance (in AED)										0.00



Prepared By Gayle

Patient Signature

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.



DENTISTREE DENTAL CLINIC

12,600.00

RECEIPT VOUCHER (No.REC-1007810)

Date:14-08-2024

Receive from Mr./Mrs./M/s. 4053 - Mera Elhait

The sum of Dhs. Twelve Thousand Six Hundred Dirhams and Zero Fils Only

By Cash **12,600.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **14-08-2024**

Being

Made by Gayle

