





# 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-1C008307 Invoice Date : 21-09-2024  
Doctor : Pratik Premjani Department : Dental  
Patient Name : Althea Lorraine Azarcon Sunga MRN # : 3412  
Age / Gender : 14Y - 7M - 18D / Female Type : Cash  
Visit Date : 21-09-2024 Inv. Time : 12:30:52

Sl No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	65	ORTHODONTIC MONTHLY VISIT		600.00	1	600.00	300.00	0	0.0000	300.00
<b>Gross Amount (in AED)</b>										
600.00										
<b>Discount (in AED)</b>										
300.00										
<b>Net Amount (in AED)</b>										
300.00										
<b>Tax on 5%(in AED)</b>										
0.00										
<b>Total Amount(in AED)</b>										
300.00										
<b>Paid (in AED) (Credit Card)</b>										
300.00										
<b>Balance (in AED)</b>										
0.00										
<b>Advance Balance (in AED)</b>										
0.00										

Prepared By Joy

### 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.



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300.00

RECEIPT VOUCHER (No.REC-1008200)

Date:21-09-2024

Receive from Mr./Mrs./M/s. 3412 - Althea Lorraine Azarcon Sunga

The sum of Dhs. **Three Hundred Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **300.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank:            Cheque No.

Date: **21-09-2024**

Being

Made by Joy

