



DENTISTREE DENTAL CLINIC

500.00

RECEIPT VOUCHER (No.REC-1008115)

Date:13-09-2024

Receive from Mr./Mrs./M/s. 3907 - Muskaan Noronha

The sum of Dhs. Five Hundred Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 500.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 13-09-2024

Being month of september

Made by Joy



2 MEDICAL DETAILS

(all sections must be completed by the doctor in overall charge of the patient's treatment)

Medical Practitioner's details:

Name: DR. PRATIK PREMJIANI

Address: SHOP #3, AL NASL PORTVIEWS, BLDG E, AL MINA RD, DUBAI - UAE

Qualifications: SPECIALIST ORTHODONTIST

Diagnosis:

Onset date when symptoms first noticed by patient:

D D M M Y Y

When did the patient first see a doctor?

D D M M Y Y

Details of treatment:

Details of operation:

Details of medication:

Dental treatment

Annual check Preventive
 Major restorative Orthodontics
 Accident / emergency treatment

Details of treatment:

Comprehensive orthodontic treatment to open space

Hospital dates: Admission date:

D D M M Y Y

Discharge date:

D D M M Y Y

Name and address of admitting hospital:

Reference number:

Name: DENTISTREE DENTAL CLINIC

Address: SHOP #3, AL NASL PORTVIEWS, BLDG E, AL MINA RD, DUBAI - UAE


Telephone: 04 2529935

Fax: —

Email: Dentistreedentalclinic1@gmail.com

Medical practitioner's / dental surgeon's signature

Pratik

 Dr. Pratik Premjani
Specialist Orthodontics
DHA-00058483-003
DENTISTREE DENTAL CLINIC

Date

13-09-24



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-1C008225 Invoice Date : 13-09-2024
Doctor : Pratik Premjani Department : Dental
Patient Name : Muskaan Noronha MRN # : 3907
Age / Gender : 23Y - 10M - 2D / Female Type : Cash
Visit Date : 13-09-2024 Inv. Time : 11:23:58

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	100.00	0	0.0000	500.00
Gross Amount (in AED)										600.00
Discount (in AED)										100.00
Net Amount (in AED)										500.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										500.00
Paid (in AED) (Credit Card)										500.00
Balance (in AED)										0.00
Advance Balance (in AED)										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.