



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-1C008807 Invoice Date : 19-11-2024
Doctor : Dr. Hashmit Kaur Department : Dental
Patient Name : Sophie Gerashchenko MRN # : 4371
Age / Gender : 13Y - 2M - 0D / Female Type : Cash
Visit Date : 19-11-2024 Inv. Time : 17:43:27

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D0150	comprehensive oral evaluation - new or established patient		200.00	1	200.00	0.00	0	0.0000	200.00
Gross Amount (in AED) 200.00										
Discount (in AED) 0.00										
Net Amount (in AED) 200.00										
Tax on 5%(in AED) 0.00										
Total Amount(in AED) 200.00										
Paid (in AED) (Credit Card) 200.00										
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.



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200.00

RECEIPT VOUCHER (No.REC-1008760)

Date:19-11-2024

Receive from Mr./Mrs./M/s. 4371 - Sophie Gerashchenko

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

By Cash **0.00** / By Credit Card **200.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **19-11-2024**

Being

Made by **Joy**

