



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-1C010041 Invoice Date : 28-11-2024
Doctor : Monisha Ravishankar Department : Dental
Patient Name : Vanessa Jeremiah MRN # : 4880
Age / Gender : 43Y - 11M - 11D / Female Type : Cash
Visit Date : 28-11-2024 Inv. Time : 18:02:31

| SI No | Service Code | Treatment / Procedure | Tooth No | Unit Price | Qty | Gross | Discount | VAT % | VAT Amount | Net |
|--------------------------|--------------|--------------------------|----------|------------|-----|-----------|----------|-------|------------|-----------|
| 1 | 56 | INVISALIGN COMPREHENSIVE | | 20,000.00 | 1 | 20,000.00 | 8,000.00 | 0 | 0.0000 | 12,000.00 |
| Gross Amount (In AED) | | | | | | 20,000.00 | | | | |
| Discount (In AED) | | | | | | 8,000.00 | | | | |
| Net Amount (In AED) | | | | | | 12,000.00 | | | | |
| Tax on 5%(In AED) | | | | | | 0.00 | | | | |
| Total Amount(In AED) | | | | | | 12000.00 | | | | |
| Balance (In AED) | | | | | | 12,000.00 | | | | |
| Advance Balance (In AED) | | | | | | 0.00 | | | | |

NOTES:

Downpayment AED 10,000 to be paid immediately towards the Invisalign Laboratory Charge.

Balance AED 2,000 upon delivery of the Aligners.

Patient is not eligible for insurance due to age as confirmed by Neuron.

Prepared By

Patient Signature

Kindly note that this automated and uniquely dated invoice is payable on this visit before leaving the Center deposit with us automatically deducted upon settlement.

