



# DENTISTREE DENTAL CLINIC

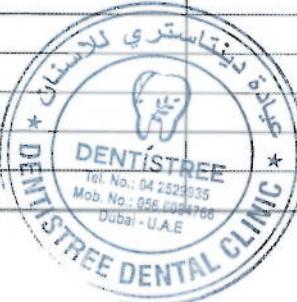
## TAX INVOICE

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-1C012358      Invoice Date : 15-10-2025  
Doctor : Pratik Premjani      Department : Dental  
Patient Name : Fouad Khamim      MRN # : 4262  
Age / Gender : 46Y - 1M - 25D / Male      Type : Cash  
Visit Date : 15-10-2025      Inv. Time : 10:59:05

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	InvCom2	Invisalign Comprehensive-2nd installment		5,500.00	1	5,500.00	0.00	0	0.00	5,500.00
<b>Gross Amount (in AED)</b>										<b>5,500.00</b>
<b>Discount (in AED)</b>										<b>0.00</b>
<b>Net Amount (in AED)</b>										<b>5,500.00</b>
<b>Tax on 5%(in AED)</b>										<b>0.00</b>
<b>Total Amount(in AED)</b>										<b>5,500.00</b>
<b>Paid (in AED) (Bank Transfer)</b>										<b>5,500.00</b>
<b>Balance (in AED)</b>										<b>0.00</b>
<b>Advance Balance (in AED)</b>										<b>0.00</b>

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.



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5,500.00

RECEIPT VOUCHER (No.REC-1012531)

Date:15-10-2025

Receive from Mr./Mrs./M/s. 4262 - Fouad Khamim

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

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 5,500.00

Bank: Cheque No.

Date: 15-10-2025

Being via paymob

Made by Gayle

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