



# 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  
Doctor : Pratik Premjani  
Patient Name : Fouad Khamim  
Age / Gender : 46Y - 1M - 25D / Male  
Visit Date : 15-10-2025  
Invoice Date : 15-10-2025  
Department : Dental  
MRN # : 4262  
Type : Cash  
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 |
| Gross Amount (in AED)         |              |  |          |            |     |          |          |       |            | 5,500.00 |
| Discount (in AED)             |              |  |          |            |     |          |          |       |            | 0.00     |
| Net Amount (in AED)           |              |  |          |            |     |          |          |       |            | 5,500.00 |
| Tax on 5%(in AED)             |              |  |          |            |     |          |          |       |            | 0.00     |
| Total Amount(in AED)          |              |  |          |            |     |          |          |       |            | 5,500.00 |
| Paid (in AED) (Bank Transfer) |              |  |          |            |     |          |          |       |            | 5,500.00 |
| Balance (in AED)              |              |  |          |            |     |          |          |       |            | 0.00     |
| Advance Balance (in AED)      |              |  |          |            |     |          |          |       |            | 0.00     |



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

