



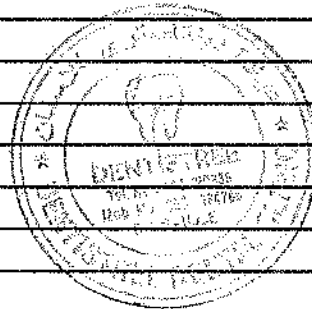
DENTISTREE DENTAL CLINIC

TAX INVOICE

Reg TRN No : 100529934000003
Facility Name : DentisTree Dental Clinic
Address : Ground floor, Shop 3, Wasl Port Views 8, Al
Mina Road, Jumeirah 1, Dubai
042529935 // 045641764

Policy No : Invoice No : INV-1C006088
Claim No : Invoice Date : 09-03-2024
Doctor : Priyanka Kiran Invoice Time : 09-03-2024
Customer Name : Nikhil Balchandani Invoice Type : Outpatient
Age / Gender : 29Y - 9M - 14D / Male Mode : Cash / Credit
Department : Referred By :
Rate Plan : Visit ID :
Insurance Company : Cash Registered Date : 09-03-2024
MR # : 2459
Customer VAT Reg No :

| SI No | Service Code | Treatment / Procedure | Unit Price | Qty | Gross | Discount | VAT % | VAT Amount | Net |
|-------------------------------------|--------------|-----------------------|------------|-----|--------|----------|-------|------------|--------------|
| 1 | D1110 | prophylaxis - adult | 350.00 | 1 | 350.00 | 105.00 | 0 | 0.0000 | 245.00 |
| Gross Amount (in AED) | | | | | | | | | 350.00 |
| Discount (in AED) | | | | | | | | | 105.00 Fixed |
| Net Amount (in AED) | | | | | | | | | 245.00 |
| Net Sponsored Amount (in AED) | | | | | | | | | 245.00 |
| Tax on Net Sponsored Amount(in AED) | | | | | | | | | 0.00 |
| Total Sponsored Amount(in AED) | | | | | | | | | 245.00 |
| Net Patient Amount (in AED) | | | | | | | | | 245.00 |
| Tax on Patient Amount(in AED) | | | | | | | | | 0.00 |
| Total Patient Amount(in AED) | | | | | | | | | 245.00 |
| Taxable Sale @ 5%(in AED) | | | | | | | | | 0.00 |
| Tax on 5%(in AED) | | | | | | | | | 0.00 |
| Taxable Sale @ 0%(in AED) | | | | | | | | | 245.00 |
| Paid (in AED) (Credit Card) | | | | | | | | | -245.00 |
| Balance (in AED) | | | | | | | | | 0.00 |
| Advance Balance (in AED) | | | | | | | | | 0.00 |



Prepared By Gayle Reyes