

TAX INVOICE

Reg TRN No

100529934000003

Facility Name:

: DentisTree Dental Clinic

Address

Ground floor, Shop 3, Wasi Port Views 8, Al

Mina Road, Jumeirah 1, Dubai

042529935 / / 045641764

Policy No

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Invoice No

INV-1C005978

Claim No

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Invoice Date

01-03-2024

Doctor

Dr. Mostafa Abdalla

Invoice Time

01-03-2024

Customer Name

Maria Ines Pereira

Invoice Type

Outpatient

Age / Gender

29Y - 0M - 15D / Female

Mode

Department

Refered By

Cash / Credit

Rate Plan

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Visit ID

Insurance Company :

Cash 3323 Registered Date : 01-03-2024

Customer VAT Reg

No

MR#

SI No	Service Code	Treatment / Procedure	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net	
1	D1110.	prophylaxis - adult	350.00	1	350.00	0.00	0	0.0000	350.00	
Gross Amount (in AED)								350.00		
Discou	int (in AED)							0.0	00 Fixed	
Net Amount (in AED)							350.00			
Net Sponsored Amount (in AED)							350.00			
Tax on Net Sponsored Amount(in AED)							0.00			
Total Sponsored Amount(in AED)							350.00			
Net Pa	tient Amount (i						350.00			
Tax on	Patient Amoun						0.00			
Total P	atient Amount(350,00			
Taxabl	e Sale @ 5%(in /						0.00			
Tax on	5%(in AED)		***************************************		7,0 7,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1				0.00	
Taxabl	e Sale @ 0%(in A	NED)							350.00	
Paid (ir	AED) (Credit Card	5) .							-350.00	
Balanc	e (in AED)	, , , , , , , , , , , , , , , , , , , ,							0.00	
Advan	ce Balance (in Ai	(D)							0.00	