



# 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-1C006079  
Claim No : Invoice Date : 09-03-2024  
Doctor : Pratik Premjani Invoice Time : 09-03-2024  
Customer Name : Eva Fernandes Invoice Type : Outpatient  
Age / Gender : 11Y - 2M - 28D / Female Mode : Cash / Credit  
Department : Referred By :  
Rate Plan : Visit ID :  
Insurance Company : Cash Registered Date : 09-03-2024  
MR # : 3329  
Customer VAT Reg No :

Sl No	Service Code	Treatment / Procedure	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1		Orthodontic Down Payment	4,000.00	1	4,000.00	2,000.00	0	0.0000	2,000.00
<b>Gross Amount (in AED)</b>									<b>4,000.00</b>
<b>Discount (in AED)</b>									<b>2,000.00 Fixed</b>
<b>Net Amount (in AED)</b>									<b>2,000.00</b>
<b>Net Sponsored Amount (in AED)</b>									<b>2,000.00</b>
<b>Tax on Net Sponsored Amount(in AED)</b>									<b>0.00</b>
<b>Total Sponsored Amount(in AED)</b>									<b>2000.00</b>
<b>Net Patient Amount (in AED)</b>									<b>2,000.00</b>
<b>Tax on Patient Amount(in AED)</b>									<b>0.00</b>
<b>Total Patient Amount(in AED)</b>									<b>2,000.00</b>
<b>Taxable Sale @ 5%(in AED)</b>									<b>0.00</b>
<b>Tax on 5%(in AED)</b>									<b>0.00</b>
<b>Taxable Sale @ 0%(in AED)</b>									<b>2000.00</b>
<b>Paid (in AED) (Credit Card)</b>									<b>-2,000.00</b>
<b>Balance (in AED)</b>									<b>0.00</b>
<b>Advance Balance (in AED)</b>									<b>0.00</b>

Prepared By Gayle Reyes

### 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.