



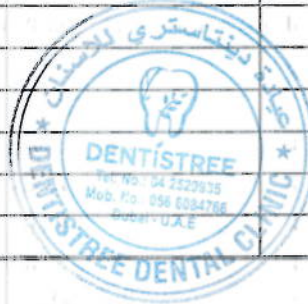
DENTISTREE DENTAL CLINIC

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-1C008511
Invoice Date : 16-10-2024
Doctor : Rutul Desai
Department : Dental
Patient Name : Sohail Sheikh
MRN # : 3651
Age / Gender : 65Y - 9M - 13D / Male
Type : Cash
Visit Date : 16-10-2024
Inv. Time : 11:51:18

Sl No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D0330	panoramic film		300.00	1	300.00	0.00	0	0.0000	300.00
2	D1110	prophylaxis - adult		350.00	1	350.00	0.00	0	0.0000	350.00
Gross Amount (in AED)										650.00
Discount (in AED)										0.00
Net Amount (in AED)										650.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										650.00
Paid (in AED) (Credit Card)										650.00
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.



DENTISTREE DENTAL CLINIC

650.00

RECEIPT VOUCHER (No.REC-1008430)

Date:16-10-2024

Receive from Mr./Mrs./M/s. **3651 - Sohail Sheikh**

The sum of Dhs. **Six Hundred Fifty Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **650.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **16-10-2024**

Being

Made by **Gayle**

