



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-1C008510
Doctor : Rutul Desai
Patient Name : Agnes Marcelle Yvonne Sheikh
Age / Gender : 60Y - 2M - 16D / Female
Visit Date : 16-10-2024
Invoice Date : 16-10-2024
Department : Dental
MRN # : 3652
Type : Cash
Inv. Time : 11:50:26

SI No	Service Code	Treatment / Procedure	Tooth No	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
Discount (in AED)										0.00
Net Amount (in AED)										350.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										350.00
Paid (in AED) (Credit Card)										350.00
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.

350.00
0.00
350.00
0.00
350.00
0.00
0.00



DENTISTREE DENTAL CLINIC

350.00

RECEIPT VOUCHER (No.REC-1008431)

Date:16-10-2024

Receive from Mr./Mrs./M/s. 3652 - Agnes Marcelle Yvonne Sheikh

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

By Cash 0.00 / By Credit Card 350.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 16-10-2024

Being

Made by Gayle

