



DENTISTREE DENTAL CLINIC

TAX INVOICE

Reg TRN No : 12345678998754
 Facility Name : DENTISTREE DENTAL CLINIC (BRANCH)
 Address : Rolla
 065634883/971505961569

Invoice No : INV-C-100018 Invoice Date : 01-Oct-2024 18:45:15
 Doctor : Rutul (DHA # - 44339326-001) Department : Dental
 Patient Name : Mohammed Rizvi MRN/File No. : 22
 Age / Gender : 58Y - 3M - 8D / Male Type : Cash
 Visit Date : 01-Oct-2024 18:00 - 19:00 Nationality : Sri Lankan
 Made By : Rutul

Treatment Code	Treatment/Procedure	Qty	Unit Price	Gross	Discount	NET	VAT	NET + VAT
01 D1110	prophylaxis - adult	1.00	500.00	500.00	150.00	350.00	0.00	350.00
Gross Amount (in AED)								500.00
Discount (in AED)								150.00
Net Amount (in AED)								350.00
Tax on 5% (in AED)								0.00
Credit Note (in AED)								0.00
Credit Note VAT (in AED)								0.00
Total Amount(in AED)								350.00
Paid by Credit Card (in AED)								350.00
Credit Card Charges (in AED)								0.00
Balance (in AED)								0.00
Advance Balance (in AED)								0.00



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.

Patient Signature

