



# 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-1C009372  
Doctor : Dr. Aliasgar  
Patient Name : Rebekah Thomas Gregory  
Age / Gender : 18Y - 0M - 15D / Female  
Visit Date : 10-01-2025  
Invoice Date : 10-01-2025  
Department : Dental  
MRN # : 4635  
Type : Cash  
Inv. Time : 12:27:45

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D2391	Resin-Based Composite - One Surface, Posterior		430.00	7	2,450.00	0.00	0	0.0000	3,010.00
2	D1110	Prophylaxis - Adult		350.00	1	350.00	0.00	0	0.0000	350.00
<b>Gross Amount (in AED)</b>										<b>3,360.00</b>
<b>Discount (in AED)</b>										<b>0.00</b>
<b>Net Amount (in AED)</b>										<b>3,360.00</b>
<b>Tax on 5%(in AED)</b>										<b>0.00</b>
<b>Total Amount(in AED)</b>										<b>3360.00</b>
<b>Paid (in AED) (Cash)</b>										<b>3,360.00</b>
<b>Balance (in AED)</b>										<b>0.00</b>
<b>Advance Balance (in AED)</b>										<b>0.00</b>

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.