



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-1C010036	Invoice Date	: 11-03-2025
Doctor	: Shyam Bhat	Department	: Dental
Patient Name	: Melissa Sitel Patel	MRN #	: 4826
Age / Gender	: 45Y - 3M - 1D / Female	Type	: Cash
Visit Date	: 11-03-2025	Inv. Time	: 11:39:16

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D7230	removal of impacted tooth - partially bony	32	2,000.00	1	2,000.00	0.00	0	0.0000	2,000.00
Gross Amount (in AED)										2,000.00
Discount (in AED)										0.00
Net Amount (in AED)										2,000.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										2000.00
Paid (in AED) (Credit Card)										2,000.00
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.



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2,000.00

RECEIPT VOUCHER (No.REC-1010059)

Date:11-03-2025

Receive from Mr./Mrs./M/s. 4826 - Melissa Sitel Patel

The sum of Dhs. Two Thousand Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 2,000.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 11-03-2025

Being

Made by Gayle

