



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

