



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-1C009940	Invoice Date	: 28-02-2025
Doctor	: Shyam Bhat	Department	: Dental
Patient Name	: Payal Bachani	MRN #	: 4770
Age / Gender	: 38Y - 2M - 17D / Female	Type	: Cash
Visit Date	: 28-02-2025	Inv. Time	: 11:35:42

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and includin	12	1,200.00	1	1,200.00	0.00	0	0.0000	1,200.00
Gross Amount (in AED)										1,200.00
Discount (in AED)										0.00
Net Amount (in AED)										1,200.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										1200.00
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.



DENTISTREE DENTAL CLINIC

1,200.00

RECEIPT VOUCHER (No.REC-1009965)

Date:28-02-2025

Receive from Mr./Mrs./M/s. 4770 - Payal Bachani

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

By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **1,200.00**

Bank: Cheque No.

Date: **28-02-2025**

Being

Made by **Gayle**

