



# 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-1C010473	Invoice Date	23-04-2025
Doctor	Pratik Premjani	Department	Dental
Patient Name	Veera JAIKISHAN LUDHANI	MRN #	597
Age / Gender	54Y - 11M - 10D / Female	Type	Cash
Visit Date	23-04-2025	Inv. Time	10:47:58

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	4	ORTHODONTIC CONSULTATION		400.00	1	400.00	0.00	0	0.00	400.00
2	D0330	Panoramic Xray		300.00	1	300.00	0.00	0	0.00	300.00
3	D1110	prophylaxis - adult		350.00	1	350.00	0.00	0	0.00	350.00
Gross Amount (in AED)										1,050.00
Discount (in AED)										0.00
Net Amount (in AED)										1050.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										1050.00
Paid (in AED) (Cash)										1050.00
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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1050.00

RECEIPT VOUCHER (No.REC-1010532)

Date:23-04-2025

Receive from Mr./Mrs./M/s. 597 - Veera JAIKISHAN LUDHANI

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

By Cash **1050.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **23-04-2025**

Being

Made by **Gayle**

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