



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

Sl 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

