

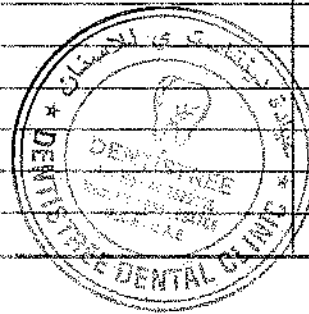
DENTISTREE DENTAL CLINIC

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-1C008340 Invoice Date : 25-09-2024
Doctor : Rutul Desai Department : Dental
Patient Name : Mohammed Rizvi MRN # : 4202
Age / Gender : 58Y - 3M - 20D / Male Type : Cash
Visit Date : 25-09-2024 Inv. Time : 13:21:32

Sl No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D2740	crown - porcelain/ceramic substrate		2,200.00	1	2,200.00	400.00	0	0.0000	1,800.00
Gross Amount (in AED) 2,200.00										
Discount (in AED) 400.00										
Net Amount (in AED) 1,800.00										
Tax on 5%(in AED) 0.00										
Total Amount(in AED) 1800.00										
Paid (in AED) (Credit Card) 900.00										
Paid (in AED) (Bank Transfer) 900.00										
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

900.00

RECEIPT VOUCHER (No.REC-1008240)

Date:25-09-2024

Receive from Mr./Mrs./M/s. **4202 - Mohammed Rizvi**

The sum of Dhs. **Nine Hundred Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **900.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **25-09-2024**

Being

Made by **Gayle**





DENTISTREE DENTAL CLINIC

900.00

RECEIPT VOUCHER (No.REC-1008405)

Date:13-10-2024

Receive from Mr./Mrs./M/s. **4202 - Mohammed Rizvi**

The sum of Dhs. **Nine Hundred Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **900.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **13-10-2024**

Being via bt **13.10.24**

Made by **Gayle**

