

## 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-1C008621

Invoice Date

: 26-10-2024

Doctor

Pratik Premjani

Department

: Dental

Patient Name

Fouad Khamim

MRN#

: 4262

: Cash

PREE DEN

Age / Gender :

45Y - 2M - 21D / Male

Type Inv. Time

: 18:53:51

Visit Date

26-10-2024

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	4	Orthodontic Consultation		500.00	1	500.00	0.00	0	0.0000	500.00
2	D0330	Panoramic film	THE PARTY OF THE P	500.00	1	500.00	0.00	0	0.0000	500.00
3	D0340	Cephalometric film		500.00	1	500.00	0.00	0	0.0000	500.00
4	D0470	Study Model		500.00	1	500.00	0.00	0	0.0000	500.00

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)	2,000.00
Paid (in AED) (Credit Card)	2,000.00
Balance (in AED)	DENTISTREE   O.00
Advance Balance (in AED)	Mob. No. 056 6654768 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.



2000.00

## RECEIPT VOUCHER (No.REC-1008546)

Date:26-10-2024

Receive from Mr./Mrs./M/s. 4262

The sum of Dhs. Two Thousand Dirhams And Zero Fils Only

By Cash  $\,0.00\,$  / By Credit Card  $\,2000.00\,$  / By Cheque  $\,0.00\,$  / By Bank Transfer  $\,0.00\,$  / By Allocated  $\,0.00\,$ 

Bank:

Cheque No.

Date: 26-10-2024

Being

Made by Gayle

