



DENTISTREE DENTAL CLINIC

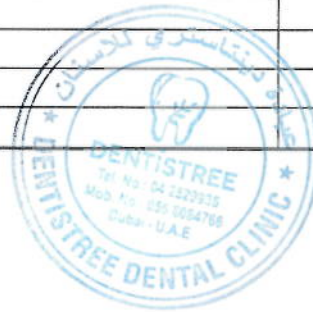
TAX INVOICE

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-1C008729 Invoice Date : 09-11-2024
Doctor : Pratik Premjani Department : Dental
Patient Name : Fouad Khamim MRN # : 4262
Age / Gender : 45Y - 2M - 21D / Male Type : Cash
Visit Date : 09-11-2024 Inv. Time : 18:50:52

Sl No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	InvCom	Invisalign Comprehensive-Down Payment		5,500.00	1	5,500.00	0.00	0	0.0000	5,500.00
Gross Amount (in AED)										5,500.00
Discount (in AED)										0.00
Net Amount (in AED)										5,500.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										5500.00
Paid (in AED) (Credit Card)										5,500.00
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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5,500.00

RECEIPT VOUCHER (No.REC-1008674)

Date:09-11-2024

Receive from Mr./Mrs./M/s. 4262 - Fouad Khamim

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

By Cash **0.00** / By Credit Card **5,500.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **09-11-2024**

Being

Made by **Gayle**

