

# Your Dental Clinic

Address line 1  
Emirate, United Arab Emirates

Invoice No.

1

**Invoice Date**

2026-08-15

**Phone No**

9876543210

**Doctor Name**

**Patient Name**

test11 (Patient ID: 2)

**Payment Mode**

Cash

**Patient Address**

Tom n Jerry House, Sharjah

**Total (AED)**

**AED 1,170.00**

| TREATMENT                       | QTY | PRICE    | TOTAL PRICE |
|---------------------------------|-----|----------|-------------|
| Consultation                    | 1   | 40.00    | 40.00       |
| Intraoral film                  | 1   | 80.00    | 80.00       |
| Removable Retainer U/L (VAT 5%) | 1   | 1,000.00 | 1,050.00    |

Subtotal AED 1,170.00

VAT (included, 5%) AED 50.00

**Price AED 1,170.00**

**TERMS AND CONDITIONS**

CONSULTATION 7 DAYS FREE

Kindly note that this automated and uniquely invoice is payable on this visit before leaving the Center; deposit will be automatically deducted.

Service Supervised By

Patient / Attendant Signature