|  |  |
| --- | --- |
| **LOGO** | **Invoice** |
| **Clinic Name:**  |
| Address: |
|  |
| Phone No.: |
| Email ID: |
|  |
| **Patient Details:**  |
| Name: | Patient Gender: |  |
| Address: | Patient Age: |  |
|  | Invoice No: |  |
| Phone No.: | Date: |  |
| Email ID: | Next Consultancy: |  |
|  |
| **Doctor Details:** |
| Doctor Name: |
| Under the Consult of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dr. Name) |
|  |
| **Patient Observation:** |
|  |
|  |
|  |
|  |  |
| **Description** | **Quantity** | **Price / Rate** | **Amount** |  |
| Dental Item 01 | 10 | 1000 | 10000 |  |
| Dental Item 02 | 10 | 1000 | 10000 |  |
| Dental Item 03 | 10 | 1000 | 10000 |  |
| Dental Item 04 | 10 | 1000 | 10000 |  |
| Dental Item 05 | 10 | 1000 | 10000 |  |
| Dental Item 06 | 10 | 1000 | 10000 |  |
| **Total** | **60** |  | **60000** |  |
|   |  |
| **Total Amount in Words:** | Sub Total: | 60000 |  |
|   | Discount: | 5000 |  |
| Tax Rate: | 18% |  |
| **Payment Info:** | CGST: | 4950 |  |
| Account No.: |  | SGST: | 4950 |  |
| Account Name: |  | **Total Amount:** | **64900** |  |
| Bank Name: |  |  |  |
| IFSC/Bank Code: |  |   |  |
| UPI ID: |   |  |
| **Terms and Conditions:** |  |
|   |  |
|   |  |
|   |  |
|   | **Clinic Seal & Signature** |  |

 