|  |  |  |  |
| --- | --- | --- | --- |
| **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** | |  |

[](https://billing.vyaparapp.in/format)