Arwa Dental Clinic عيادة أروى لطب الأسنان

TAX INVOICE

Reg TRN No	:	**100277451900003**
Facility Name	:	**Arwa Dental Clinic**
Address	:	**P.O.Box 33202, DHA, Dubai, UAE**
		04-2955200 / 04-2955288 / 050-6772006

Policy No	:		Invoice No	:	**INV-013473**
Claim No	:		Invoice Date	:	**13-11-2017**
Doctor	:	**Dr. Arwa Ata Allah Saeed**	Invoice Time	:	**13-11-2017**
Customer Name	:	**Norah Mohamed Al Hamad**	Invoice Type	:	Outpatient
Age / Gender	:	**37Y - 6M - 25D / Female**	Mode	:	Cash / Credit
Department	:		Refered By	:	
Rate Plan	:		Visit ID	:	
Insurance Company	:	**Cash**	Registered Date	:	**13-11-2017**
MR #	:	**14327**			
Customer VAT Reg No	:				

Sl No	Service Code	Treatment / Procedure	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	27201	Crown, Porcelain/Ceramic/Polymer Glass	2,500.00	24	120,000.00	0.00	0	0.0000	120,000.00
2	33131	Root Canals, Permanent Teeth/Retained Primary Teeth,Three Canals	1,600.00	6	9,600.00	0.00	0	0.0000	9,600.00

Gross Amount (in AED)	**129,600.00**
Discount (in AED)	**0**
Net Amount (in AED)	**120,000.00**
Net Sponsored Amount (in AED)	**120,000.00**
Tax on Net Sponsored Amount(in AED)	**0.00**
Total Sponsored Amount(in AED)	**120000.00**
Net Patient Amount (in AED)	**120,000.00**
Tax on Patient Amount(in AED)	**0.00**
Total Patient Amount(in AED)	**120,000.00**
Taxable Sale @ 5%(in AED)	**0.00**
Tax on 5%(in AED)	**0.00**
Taxable Sale @ 0%(in AED)	**129600.00**
Paid (in AED) **(Cash)**	**-120,000.00**
Balance (in AED)	**0.00**
Advance Balance (in AED)	**0.00**

Prepared By Super Administrator

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.