**[Dental Name]**

**Dental**

**Services**

**Receipt**

 [Address]

 [Address]

 [Website]

 [E-mail]

 [Phone Number]

Date : …………………………………….. Receipt #: ……………………………………..

|  |
| --- |
| **Patient Information** |
| Name |  |
| Address |  |
| Phone |  |

|  |  |
| --- | --- |
| **Description of Services** | **Total** |
|  |  |

|  |  |
| --- | --- |
| Subtotal |  |
| Discount |  |
| TAX / VAT |  |
| Total Amount Due |  |
| Amount Paid |  |

**Terms and Conditions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have a Nice Day!**