

# Bright Smile Dental Clinic

123 Wellness Ave,  
Dental City, State ZIP  
Phone: (123) 456-7890  
Email: info@brightsmiledental.com

## Invoice

**Invoice #:** DS-2024-0157

**Date:** 2024-06-30

### Bill To

**Patient Name:** John Doe  
**Address:** 567 Home Street, City, State ZIP  
**Contact:** (987) 654-3210

### Dentist Details

**Dentist:** Dr. Emma White  
**License No:** DNC-2034X

### Service Details

#	Description of Service	Date	Units	Unit Price	Amount
1	Teeth Cleaning	2024-06-25	1	\$60.00	\$60.00
2	Dental Filling - Composite	2024-06-25	2	\$80.00	\$160.00
3	X-Ray	2024-06-25	1	\$40.00	\$40.00

Subtotal: \$260.00

Tax (5%): \$13.00

Total: **\$273.00**

Amount Paid: \$100.00

Amount Due: **\$173.00**

### Important Notes

- This invoice serves as an official record for dental treatments rendered and payments due.
- Please retain this invoice for insurance claims or personal records.
- Details such as patient name, treatment description, dentist license number, and itemized costs are required.
- Payment terms and due dates should be specified and mutually agreed upon.
- Contact the clinic for any inquiries or clarification about this invoice.

Thank you for choosing Bright Smile Dental Clinic.

Signature: \_\_\_\_\_