

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: _____