

# Dental Clinic

123 Main Avenue, Springfield, State ZIP  
Phone: (123) 456-7890 | Email: info@dentalclinic.com

## Dental Treatment Receipt

Receipt No: **DT-2024-0751**

Date: 2024-06-26  
Patient Name: Jane Doe  
Patient ID: CLN-10952  
Contact: (123) 555-2211  
Address: 89 Elm Street, Springfield  
Doctor: Dr. Alex Rivera

#	Description of Treatment	Qty	Unit Price	Amount
1	Oral Examination & Consultation	1	\$50.00	\$50.00
2	Dental X-ray	1	\$30.00	\$30.00
3	Teeth Cleaning (Scaling & Polishing)	1	\$80.00	\$80.00

Subtotal: \$160.00

Tax (5%): \$8.00

**Total Amount: \$168.00**

Amount Paid: \$168.00

Payment Mode: Credit Card

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Authorized Signature

### Important Notes:

- This receipt serves as proof of payment for dental treatments rendered.
- Please retain this document for insurance and reimbursement claims.
- All details should match clinical records for authenticity.
- Contact the clinic immediately in case of discrepancies.
- No refund/return once the services are availed as per clinic policy.