

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.