

Dental Care Clinic

123 Tooth Ave., Smile City
Phone: (123) 456-7890
Email: contact@dentalclinic.com

Receipt

Date: _____
Receipt #: _____

PATIENT INFORMATION

Patient Name: _____
Patient ID: _____
Contact Number: _____
Date of Service: _____

SERVICES RENDERED

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal			_____
Tax			_____
Total Due			_____

PAYMENT INFORMATION

Payment Method: _____
Amount Paid: _____
Balance: _____

AUTHORIZED SIGNATURE

Date: _____