

INVOICE

Invoice #: INV-RE7X1NV5GL

Date: 22 Dec 2025

Bill From

John Doe11

Vendor Type: Scanner

Email: john.doe_scanner11@example.com

Phone: 9876658444

Bill To

Dr. Naga11

Dentist Code: DENT202500005

Email: naga@example.com

Phone: 9877655411

Status: **PENDING**

Booking Details

#	Patient	Category	Booking Date	Date	Unit Price (¥)	Line Total (¥)
SCAN20251200002	Jane Smith	INTRAORAL SCANNING	INTRAORAL SCANNING FULL MOUTH Lab Category: ALL CERAMIC RESTORATIONS Lab Service: ZIRCONIA ELITE	09/12/2025	2,000.00	2,000.00
SCAN20251200003	Jane Smith	INTRAORAL SCANNING	INTRAORAL SCANNING FULL MOUTH	18/12/2025	1,500.00	1,500.00

Subtotal ¥ 3,500.00

Discount - ¥ 400.00

Platform Fee + ¥ 155.00

Total Amount ¥ 3,100.00

This is a computer-generated invoice. No signature required.

Thank you for your business.