

# INVOICE

Invoice #: INV-22S008Z51J  
Date: 29 Dec 2025

## Bill From

### John Doe11

Vendor Code: CONS202500006  
Vendor Type: Lab  
Email: john.doe\_lab@example.com  
Phone: 9876658200

## Bill To

### Dr. Naga11

Dentist Code: DENT202500005  
Email: naga@example.com  
Phone: 9877655411  
Status: **PENDING**

## Booking Details

#	Patient	Category	Service	Booking Date	Unit Price (¥)	Line Total (¥)
LAB20251200008	John	ALL CERAMIC RESTORATIONS	ZIRCONIA ELITE Scan Type: Intraoral	08/12/2025	2,000.00	<b>2,000.00</b>
LAB20251200009	John	ALL CERAMIC RESTORATIONS	ZIRCONIA ELITE Scan Type: Intraoral	09/12/2025	1,500.00	<b>1,500.00</b>

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.