

INVOICE

Invoice #: INV-22SO08Z51J

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

PENDING

Booking Details

#	Patient	Category	Service	Booking Date	Unit Price (¥)	Line Total (¥)
LAB2025120008	John	ALL CERAMIC RESTORATIONS	ZIRCONIA ELITE Scan Type: Intraoral	08/12/2025	2,000.00	2,000.00
LAB2025120009	John	ALL CERAMIC RESTORATIONS	ZIRCONIA ELITE Scan Type: Intraoral	09/12/2025	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.