



KLINIK PERGIGIAN DENTALANE

NO 60, JLN DAMAI RAYA 2,
ALAM DAMAI 56000 CHERAS, KUALA LUMPUR.
TEL: 03-9521 4413 H/P: 012-238 8567

Official Receipt

Invoice No. : Rep-A005255/2021 - 1
Invoice Date : 12-04-2021

Received from AHMAD KHALIS BIN HALIMI

the sum of Ringgit Malaysia 120.00 No. 1 of Payment (Balance : 0.00)

being payment for treatment / medication charges as per following

No.	Description	Qty	Unit Price (RM)	Discount	Total Price (RM)
1	COMPOSITE FILLING	1	120.00	0.00	120.00

Remark:

Billing Type: NORMAL PATIENT

Payment Type: DEBITCARD

Payment ID: 5374

Discount (-) : 0.00

Subtotal : 120.00

Rounding : 0.00

Total : 120.00

Authorized Signature