**[Dental Office Name]**

 [Address]

 [Address]

 [Website] | **JaneTemplate.com**

 [E-mail]

**Dental Services Receipt**

 [Phone Number]

Date : …………………………………….. Receipt # : ……………………………………..

|  |
| --- |
| **Patient Information** |
| Name |  |
| Address |  |
| Phone |  |

|  |  |
| --- | --- |
| **Description of Services** | **Total** |
|  |  |

|  |  |
| --- | --- |
| Subtotal |  |
| Discount |  |
| TAX / VAT |  |
| Total Amount Due |  |
| Amount Paid |  |

**Payment Method :**

**Remarks :**

**Have a Nice Day!**