

Rayyan Fine Dental

Al Zuhair Medical Center, 5th Floor, Yousef
Bin Homoud Street, Block 2, Salmiya
Kuwait, - - KW
smile@rayyandent.com
www.rayyandent.com



Tax Invoice

BILL TO

Neal Anders Allen
Patient Number: 003159
720504623 Passport
USA

INVOICE NO. 8449
DATE 16/05/2022
DUE DATE 16/05/2022
TERMS KNET

DOCTOR

Dr. Feras Rayyan

ACTIVITY	QTY	RATE	TAX	AMOUNT
Dental Services:Oral Examination	1	30.00	Sales tax	30.00
Dental Services:Root Canal Treatment (4 Canals Molar)	1	125.00	Sales tax	125.00

SUBTOTAL 155.00
TAX 0.00
TOTAL 155.00
BALANCE DUE **KWD 155.00**