



**RUBYSMILES**  
**DENTAL CLINIC**  
*"Where Smiles Come Alive"*

**General & Cosmetic Dental Clinic**

**Receipt**

**S. NO:**

**Date:** \_\_\_\_\_

**Cash Receipt From** \_\_\_\_\_

**Amount in Words** \_\_\_\_\_

**For** \_\_\_\_\_

**Payment Received in:**

Total Amount Due	
Amount Received	
Balance Due	

Cash ☐ Cheque ☐ Other ☐ -----

**Signed By:** \_\_\_\_\_