

**Rich Smile Design LLP**

GSTIN:27ABDFR0127M1Z5

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info@richsmiledesign.com

**Bill To:****RAVI DAHIYA**

Citymax Dental Clinic B 274/1. First Floor. Derawal Nagar., ,  
Delhi , 110009, Delhi, India

**Ship To:****RAVI DAHIYA**

Citymax Dental Clinic B 274/1. First Floor. Derawal Nagar., ,  
Delhi , 110009, Delhi, India

Original Copy

**Invoice Details**

**Date:** 28-10-2021  
**Receipt No:** 28102021\_1000001  
**Payment Mode:** Pay Later

| S. No.                     | Item            | Item Type  | Qty. | Rate Per Item | Total               |
|----------------------------|-----------------|--|------|---------------|---------------------|
| 1                          | RSD Upper Lower | RSD Upper Lower - Upper Jaw virtual non prep 3D printed model (Design Included ) | 1    | 5700          | Rs.5700             |
| 2                          | RSD Upper Lower | RSD Upper Lower - Lower Jaw Silicon index for virtual prep                       | 1    | 500           | Rs.500              |
| <b>Total Invoice Value</b> |                 |  |      |               | <b>6,200.00</b>     |
| <b>IGST</b>                |                 |  |      |               | <b>Rs. 1,116.00</b> |
| <b>Due Amount</b>          |                 |  |      |               | <b>7,316.00</b>     |
| <b>Paid Amount</b>         |                 |  |      |               | <b>0</b>            |
| <b>Final Amount</b>        |                 |  |      |               | <b>7,316.00</b>     |

**Terms & Conditions**

This is to certify that the particular given above are true and correct, amount indicated represents actually charged and that there is no flow additional consideration directly or indirectly from the buyer.

**Notes**

This is a computer generated invoice and does not need signature