|  |  |  |
| --- | --- | --- |
| [ADD LOGO/IMAGE] |  | **MEDICAL INVOICE** |
|  |  |  |
|  |  | **DETAILS** |
|  |  | DATE: January 19, 2020 |
|  |  | INVOICE NO. [#] |
|  |  |  |
| **FROM** |  | **BILL TO** |
| [COMPANY NAME] |  | [COMPANY NAME] |
| [ATTN] |  | [ATTN] |
| [STREET ADDRESS] |  | [STREET ADDRESS] |
| [CITY, STATE, ZIP CODE] |  | [CITY, STATE, ZIP CODE] |
| [PHONE] |  | [PHONE] |
| [E-MAIL] |  | [E-MAIL] |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **QUANTITY** | **UNIT PRICE** | **AMOUNT ($)** |
|  |  |  |  |
| **NOTES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **SUBTOTAL** |  |
| **DISCOUNT** |  |
| **TAX / VAT** |  |
| **TOTAL** |  |

THANK YOU FOR YOUR BUSINESS