|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | MEDICAL INVOICE  **BILLED TO**  Client Name  Street address  City, State Country  ZIP Code | |  | |  |  | | | | |  | | |
|  |  |  |  | |  | Invoice number  00001 | | | | |
|  |  |  |  | |  | |  | | --- | | Date of issue  mm/dd/yyyy | |  | | | | | |
|  | **YOUR COMPANY NAME**  123 Your Street, City, State, Country, ZIP Code  564-555-1234  your@email.com  yourwebsite.com |  | | | | | | | | |  |  | |  | |
|  |  |  | |  | | |  |  | | |  | | |  | |  | | | |
|  | **Description** | | | **Unit cost** | | | | | | **Qty/HR rate** | | | **Amount** | |  | | |  | | |
|  |  | | |  | | |  | | |  | | |  | |  | | |  | | |
|  | Your item name | | | $0 | | |  | | | 1 | | | $0 | |  | | |  | | |
|  | Your item name | | | $0 | | |  | | | 1 | | | $0 | |  | | |  | | |
|  | Your item name | | | $0 | | |  | | | 1 | | | $0 | |  | | |  | | |
|  | Your item name | | | $0 | | |  | | | 1 | | | $0 | |  | | |  | | |
|  | Your item name | | | $0 | | |  | | | 1 | | | $0 | |  | | |  | | |
|  | Your item name | | | $0 | | |  | | | 1 | | | $0 | |  | | |  | | |
|  | Your item name | | | $0 | | |  | | | 1 | | | $0 | |  | | |  | | |
|  |  | | |  | | |  | | |  | | |  | |  | | |  | | |
|  | **TOTAL $ 0.00** |  | |  | | |  | | |  | | |  | |  | | |  |
|  |  |  | |  | | |  | | **Subtotal** | | | | $0 | |  | | |  |
| **Terms**  E.g. Please pay invoice by MM/DD/YYYY | | | | | | |  | **Discount** | | | | $0 | |  | |  |
|  | **(Tax rate)** | | | | 0% | |  | |  |
|  | **Tax** | | | | $0 | |  | |  |