**Medical Receipt Template**

|  |  |
| --- | --- |
| DOCTOR FEE RECEIPT | |
| DATE [---------------- 00, 0000]  Bill Details  COMPANY  [Name of company] [Address of company] [Contact of company] | **CUSTOMER:**  **[Name: ------------------------------------]  [Address: ----------------------------------]** |

**Treatment:**

* **-------------------------------------------------------------------------------------------------**
* **-------------------------------------------------------------------------------------------------**
* **-------------------------------------------------------------------------------------------------**