|  |  |  |  |
| --- | --- | --- | --- |
| ITEM(S) | ITEM(S) PRICE | LABOR | Total |
|  | ­ |  |  |
|  | | |  |

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| --- | --- | --- | --- | --- | --- |
| Dentist/tech | Procedure | Date | Appt time | Appt end | Misc |
|  |  |  |  |  |  |

Invoice:

DATE:

**Make all checks payable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DENTIST   
INVOICE

**Ship to:**

Name:

Address:

City, state, zip code:

Telephone

**Business name:**

Address:

City, state, zip code:

Telephone

Fax

Web address

Client name:

Address

City, state, zip code:

Telephone

Fax

Web address