|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ADD LOGO/IMAGE] | |  | | **DOCTOR (PHYSICIAN) INVOICE** | |
|  | |  | | **DETAILS** | |
|  | |  | | DATE: | |
|  | |  | | 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** | | **AMOUNT ($)** |
|  | |  |
| **NOTES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SUBTOTAL** |  |
| **DISCOUNT** |  |
| **TAX / VAT** |  |
| **TOTAL** |  |

THANK YOU FOR YOUR BUSINESS