

# DOCTOR INVOICE

<b>INVOICE NO.</b>	<b>DATE:</b>
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FROM
COMPANY:
ATTN:
ADDRESS:
CITY, STATE:
ZIP:
PHONE:
E-MAIL:

BILL TO
COMPANY:
ATTN:
ADDRESS:
CITY, STATE:
ZIP:
PHONE:
E-MAIL:

DESCRIPTION	AMOUNT (\$)

**NOTES**

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<b>SUBTOTAL</b>	
<b>DISCOUNT</b>	
<b>TAX / VAX</b>	
<b>TOTAL</b>	