MEDICAL INVOICE

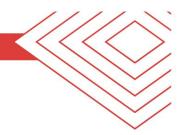
Date

Patient Information Name: Street Address: ZIP Code, State: Phone: Email:

Invoice Number

Invoice Due Date

Prescribing Physician's Information Name: Street Address: ZIP Code, State: Phone: Email:



Amount Due

ITEM	DESCRIPTION	PRICE
Notes		CUD TOTAL
A prescription has been written o or acute throat infection.	ut for patient,	SUB TOTAL TAX RATE TAX
		TOTAL