

MEDICAL INVOICE

Patient Information

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

Prescribing Physician's Information

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

Invoice Number

Date

Invoice Due Date

Amount Due

ITEM

DESCRIPTION

PRICE

Notes

A prescription has been written out for patient,
for acute throat infection.

SUB TOTAL
TAX RATE
TAX

TOTAL