

**<Name of  
Hospital/Clinic/Homecare/Nursing  
Home>**

<Business Address>  
<Business Contact No.>  
<Web Site/URL>

**LOGO**

<Business Slogan, if any>

**INVOICE**

Patient Name	
Address	
Contact No.	
Gender	
Age	

Date :  
Number :  
Due Date :

SR#	DESCRIPTION	MU	QTY	PRICE	AMOUNT
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
Terms and Conditions:				Sub-total	-
				Tax Rate	
				Tax	-
				Discount/s	-
				Insurance Claim	-
				<b>Total Amount Due</b>	-

**<State total amount due in words>**

\_\_\_\_\_  
Signature  
<Prepared by>  
<Designation>

More at

[invoice-template.org](http://invoice-template.org)