LOGO

<Name of Hospital>

<Your Slogan>
<Hospital Address>
<Hospital Contact No.>
<Web Site, if any>

INVOICE	
Date	:
Number	:

Patient Name	:	Age	:
Address	:	Hospital No.	:
		Bed No.	:
		Admission Date	:
		Discharge Date	:
Consultant	:		
Mode of Payment	:		

SR #	PARTICULARS	RATE	DISCOUNT	AMOUNT
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-

If you have questions regarding this invoice, please contact <Name of point person>, <Contact Number>, and <E-mail Address>	Sub-total	:	-
	Tax Rate	:	
	Tax	:	-
	Mediclaim (if any)	:	-
	Payment/s made	:	-
	Total Bill	:	-

More at   Invoice-template.org