

**<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	-
				Total Amount Due	-

<State total amount due in words>

Signature
<Prepared by>
<Designation>

More at

invoice-template.org