

DOCTOR (PHYSICIAN) INVOICE

DETAILS

DATE: _____

INVOICE NO. _____

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION	AMOUNT (\$)								
<p>NOTES: _____</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">SUBTOTAL</td> <td></td> </tr> <tr> <td>DISCOUNT</td> <td></td> </tr> <tr> <td>TAX / VAT</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>	SUBTOTAL		DISCOUNT		TAX / VAT		TOTAL	
SUBTOTAL									
DISCOUNT									
TAX / VAT									
TOTAL									

THANK YOU FOR YOUR BUSINESS

