

# MEDICAL RECORDS INVOICE

## FROM

COMPANY: \_\_\_\_\_  
 ATTN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

## DETAILS

DATE: \_\_\_\_\_  
 INVOICE NO. \_\_\_\_\_  
 PATIENT NAME: \_\_\_\_\_

## BILL TO

COMPANY: \_\_\_\_\_  
 ATTN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

## SHIPPING

COMPANY: \_\_\_\_\_  
 ATTN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

DESCRIPTION	\$ PER PAGE	# OF PAGES	AMOUNT (\$)
		<b>SUBTOTAL</b>	
		<b>DISCOUNT</b>	
		<b>TAX / VAT</b>	
		<b>SHIPPING</b>	
		<b>TOTAL</b>	

**MAKE PAYMENT TO:** \_\_\_\_\_  
 \_\_\_\_\_

THANK YOU FOR YOUR BUSINESS

