

PHYSICAL THERAPY 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 (\$) | | | | | | | | |
|---------------------------------------|--|----------|--|----------|--|-----------|--|--------------|--|
| | | | | | | | | | |
| NOTES: _____ _____ _____ | <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="background-color: #4a7ebb; color: white; padding: 5px;">SUBTOTAL</td> <td style="width: 50px;"></td> </tr> <tr> <td style="background-color: #4a7ebb; color: white; padding: 5px;">DISCOUNT</td> <td></td> </tr> <tr> <td style="background-color: #4a7ebb; color: white; padding: 5px;">TAX / VAT</td> <td></td> </tr> <tr> <td style="background-color: #e67e22; color: white; padding: 5px;">TOTAL</td> <td></td> </tr> </table> | SUBTOTAL | | DISCOUNT | | TAX / VAT | | TOTAL | |
| SUBTOTAL | | | | | | | | | |
| DISCOUNT | | | | | | | | | |
| TAX / VAT | | | | | | | | | |
| TOTAL | | | | | | | | | |

THANK YOU FOR YOUR BUSINESS

