

Dental Clinic Name

Address Line 1

Address Line 2

Phone: (000) 000-0000

Email: contact@clinic.com

INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

**Billed To:**  
Patient Name  
Address Line 1  
Address Line 2  
Phone: \_\_\_\_\_  
**Patient ID:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

Description	CPT/Code	Qty	Unit Price	Amount
Dental Service 1	_____	___	_____	_____
Dental Service 2	_____	___	_____	_____

Subtotal \_\_\_\_\_  
Tax \_\_\_\_\_  
Discount \_\_\_\_\_  
**Total** \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
**Balance Due** \_\_\_\_\_

**Notes/Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for choosing our dental clinic.