

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.