|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MEDICAL INVOICE |  |  |  |  |
|  | **Invoice number**00001 | **Date of issue**DD/MM/YYYY |  |  |  |
|  |  |  |  |  |  |
|  | **Billed to** Client NameStreet addressCity, State CountryPin Code | **Your company name**123 Your Street, City, State, Country, Pin Codeyour phone noyour@email.comyourwebsite.com |   |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Description** | **Quantity** |  | **Price/Unit** | **Amount** |  |  |
|  |  |  |  |  |  |  |  |
|  | Your item name | 1 |  | 100 | 100 |  |  |
|  | Your item name | 1 |  | 100 | 100 |  |  |
|  | Your item name | 1 |  | 100 | 100 |  |  |
|  | Your item name | 1 |  | 100 | 100 |  |  |
|  | Your item name | 1 |  | 100 | 100 |  |  |
|  | Your item name | 1 |  | 100 | 100 |  |  |
|  | Your item name | 1 |  | 100 | 100 |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Subtotal** | 700.00 |  |  |
|  |  |  |  |  | **Discount** | 50.00 |  |  |
|  |  |  |  |  | **(Tax rate)** | 0% |  |  |
|  |  |  |  |  | **Tax** | 0.00 |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Invoice total** | ₹650.00 |  |
|  |  |  |  |  |  |  |  |
|  | **Terms**E.g., Items are non-returnable |  |  |  |  |  |  |
|  |  |  |  |  |