

Medical Invoice

Date: 2024-06-12

Provider:
Health Clinic Name
123 Wellness Ave.
City, State, ZIP
Phone: (123) 456-7890

Patient:
Patient Name
Address
City, State, ZIP
Phone: (098) 765-4321

Description	Amount
Consultation Fee	\$120.00
Lab Tests	\$80.00
Medication	\$40.00
Subtotal	\$240.00
Tax (8%)	\$19.20
Total	\$259.20

Thank you for your business!

Print Invoice