| [Your logo] | | |  |  |  | Invoice | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |
|  |  |  |  |  |
|  |  | [Your Business Name] | | |
|  |  | [Your Tax Reg / Business No.] | | |
|  |  | [Your Phone Number] | | |
|  |  | [Your Email] | | |
|  |  | [Your Address] | | |
|  |  |
|  |  |  |  |  |  |  |  |
| **BILL TO** |  |  |  |  | **Invoice #** | [Invoice number] | |
| [Client’s Name] | | |  |  | **Date** | [Invoice issue date] | |
| [Client’s Company Name] | | |  |  | **Due date** | [Payment due date] | |
| [Client’s Tax Reg / Business No.] | | |  |  |  |  |  |
| [Client’s Phone No.] | | |  |  |  |  |  |
| [Client’s Email] | | |  |  |  |  |  |
| [Client’s Address] | | |  |  |  |  |  |
|  |  |  |  |  |
| Item/Service | | | | | Quantity | Price | Amount |
| Dental examination | | | | |  | 0.00 | 0.00 |
| Teeth cleaning | | | | |  | 0.00 | 0.00 |
| Dental restoration | | | | |  | 0.00 | 0.00 |
| Dental fillings and repair cavities | | | | |  | 0.00 | 0.00 |
| Root canal | | | | |  | 0.00 | 0.00 |
| Tooth extractions | | | | |  | 0.00 | 0.00 |
| Orthodontic treatment | | | | |  | 0.00 | 0.00 |
|  |  |  |  |  |  |  |  |
| Payment Instruction/Terms and Conditions | | | |  |  | **Subtotal** | 0.00 |
|  |  |  |  |
|  |  | **Discount** | 0.00 |
|  |  |  |  |
|  | **Subtotal less discount** | | 0.00 |
|  |  |  |  |
|  |  | **Tax Rate** | 0.00 |
|  |  |  |  |
|  |  | **Total tax** | 0.00 |
|  |  |  |  |
|  | **Shipping/Handling** | | 0.00 |
|  |  |  |  |
| **AMOUNT DUE** | | | 0.00 |