| [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 |