

**Patient information Practitioner information**

 

[ Customer Name ] [ Practitioner Name ]

[ Customer Address ] [ Practitioner License ]

[ Customer Email ] [ Practitioner Title ]

[ Customer Contact No. ]

| **Code** | **Description of Service/Treatment/Medicine** | **Rate / Charge** | **Line total** |
| --- | --- | --- | --- |
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**SUBTOTAL**



Notes **DISCOUNT**



Payment by:

* Cash
* Cheque with number
* Credit card
* Insurance [ \_\_\_\_\_\_\_\_\_\_\_]
* Others [ \_\_\_\_\_\_\_\_\_\_\_\_\_ ]



**SUBTOTAL LESS DISCOUNT**



**TAX RATE**



**TOTAL TAX**



