## **MEDICAL RECORD INVOICE**

## [Hospital Name]

Invoice #:	
Issue Date:	[Heonitel Legal
Due Date:	[Hospital Logo]
Tax Rate:	
From	То
[Company Name]	[Patient / Attendent Name]
[Attn]	[Patient ID]
[Street Address]	[Street Address]
[City, State, Zip]	[City, State, Zip]
[Phone]	[Phone]
[E-Mail]	[E-Mail]

S No	Description	Qty	Rate	Amount

## Terms & Conditions:

- \* The quick brown fox jumped upon a lazy dog.
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Sub Total
Тах
Invoice Total