DENTAL INVOICE

DENTAL PRACTICE

Practice name _____

Address _____

Phone / email _____

Dentist _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Account no. _____

BILL TO

Name _____ Phone / email _____

Address _____

VISIT

Visit date _____

SERVICES

Date	Service	Qty	Fee	Amount

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Total	
Less: payment received at visit	
Amount due	

ABOUT THIS INVOICE

_____

_____

This invoice shows charges only. It is not an insurance claim form and contains no clinical information.