|  |
| --- |
| **DATE:**  **INVOICE NUMBER:** |
|  |
| **PATIENT:** |

**A**: 792, Cross st, TN  
**P:** 044-98876-99877 **Bill To:**

ABC Health care

TOTAL

Quantity

Charges

Medicines/Descriptions

|  |  |  |  |
| --- | --- | --- | --- |
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|  |  |  |  |
|  |  | **Sub-Total** |  |
|  |  | **Tax Vat (15%)** |  |
| CARD PAYMENT  We accept:  Visa, MasterCard  We Accept: Cheque |  | **Discount (5%)** |  |
| Terms & Conditions |  | **Grand Total** |  |
| Thank you for your business! | | | |