

 <p>Install Invoice Manager from Microsoft Store to generate PDF invoice</p>	 <p>12 Date Picker adds a calendar to date cells</p>	 <p>F Formula Manager Find, update, analyze, import and export Excel formulas and defined names</p>	<p>Password Remover for Excel </p>
 <p>Making Flowchart is easy now</p>	 <p>Create PDF files at any size</p>	 <p>Mind Map from text list</p>	 <p>Gantt Chart</p>

Clinic Invoice

400+ Free Excel Invoice Templates

Uniform Software

Template#: c7041
Paper Size: A4 (210 mm x 297 mm)
Receipt Templates

Scroll down to find the PDF invoice
on the next page.

DR. ABC CLINIC

Address City, State ZIP

Phone#, web address

Account # _____
Name _____
Address _____
City, ST ZIP _____
Email _____
Phone _____

DATE: _____
INVOICE #: _____

Dt of Service	Description	Total Fee	Co-Pay	Ins Reim	Adj	Balance (PR)
						12.00
					TOTAL	-

PAYMENT TERMS: NET 30 DAYS
PAYABLE BY CASH, CHECK, VISA OR MASTERCARD

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO DR. xxx

Account No: _____
Invoice Date: _____
Balance: _____

Amount Enclosed: _____

() PLEASE CHECK HERE TO CHANGE ADDRESS AND PRINT CHANGES ABOVE

Thank you!