|  |  |  |
| --- | --- | --- |
| MBS FITNESS & REHABILITATION |  | **INVOICE** |
| 8461 Keele Street |  |  |
| Vaughan, ON, L4K 1Z6 | **INVOICE #** | **DATE** |
| Phone: (647) 524 4690 |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **PRACTITIONER** | **CLIENT NAME:** |

Licensed Physiotherapist or registered massage therapist

Reg ID:

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** |  | **AMOUNT** |
|  |  |  |
| 🞏 Initial Physiotherapy Assessment (60 Min) |  |  |
| 🞏 Subsequent Physiotherapy Visit (30 Min) |  |  |
|  |  |  |
| 🞏 Subsequent Physiotherapy Visit (45 Min) |  |  |
|  |  |  |
| 🞏 Miscellaneous Items (Brace, equipment etc.) |  |  |
| 1 hour Registered Massage Therapy Massage |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Thank you for your business!* | **TOTAL** |  |

If you have any questions about this invoice, please contact

[Sanjay Attwala by email at attwala.physio@gmail.com]