**MEDICAL REPORT REVENUE**

***Reporting Period:*** *[Start Date] – [End Date]*

Revenue in total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Date** | **Drugs** | **Services** | **Total** |
|  |  |  | $name | $price |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | **Total Drugs:** | **Total Services:** | **Grand Total:** |

Drugs Revenue:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Drug Name** | **Quantity** | **Unit Price** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | **Total Services Revenue:** |  |

Service Revenue:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Service Name** | **Type** | **Unit Price** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | **Total Services Revenue:** |  |