

DENTAL INVOICE

me: mpany Name: eet Address: y, ST ZIP Code: one:	Name: Company Name: Street Address: City, ST ZIP Code: Phone:		Invoice No	
Description		Appointment Time/Date	Price (\$)	Total (\$)
			Subtotal	
			Sales Tax Other	
			Total	
Thank you for your business. I	Please send pag		s of receiving this invo	ice. There

