|  |  |  |
| --- | --- | --- |
| **A&L Medical Centre**  555 Finch Ave, West  Toronto, ON M2R 1N5  **P**: (416)-667-8535, **F**: (416)-667-0736 | **Invoice** |  |
| DATE |
| {InvoiceDate} |

|  |  |
| --- | --- |
|  | Bill To |
|  | {BillTo}  {BillToAddress1}  {BillToCity}, {BillToProvince}  {BillToPostCode} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NN | Date | Description | Duration (hr) | Amount ($) |
| {LineNum} | {LineDate} | {LineDescription} | {LineUnits} | {LineTotal} |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL** | {Total} |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Invoice paid in full by the patient | |
|  |  |  |
|  |  |  |  | |
|  |  |  | {FooterText} | |