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

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

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| --- | --- | --- | --- |
| Qty | Description | Price ($) | Amount ($) |
| {LineUnits} | {LineDescription} | {LinePrice} | {LineTotal} |
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|  |  | **Total** | {Total} |
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|  |  | Invoice paid in full by the patient | |
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