|  |  |  |
| --- | --- | --- |
| **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} |

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