

# INVOICE

**Invoice #:** \_\_\_\_\_

**Date of Service:**\_\_\_\_\_

**To:**

**For:**

Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

MRN: \_\_\_\_\_

EXAM TYPE AND MEDICAL RECORD DESCRIPTION	Charged Amount	Total Contrast	AMOUNT
PET_____, CPT_____			\$
TOTAL:			

Document Scanned by: (cwid) \_\_\_\_\_

Make all checks payable to Weill Cornell Imaging at NewYork-Presbyterian

**Thank you for your business!**