|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | MEDICAL INVOICE | |  | |  |  | | |  | |
|  | **Invoice number**  Patient ID: {id} | **Date of issue**  {date} |  | |  |  | | |
|  |  |  |  | |  |  | | |
|  | **Billed to**  Name: {name}  {treatmentOrMedicine}  Street address  City, State Country  Pin Code | **Your company name**  Address: {address}  Phone Number: {phone}  your@email.com  yourwebsite.com | | | | | | |  |  |  |
|  |  |  | |  | | |  |  |  | |  |  | | |
|  | **Description HSN GST** | | | **Quantity** | | |  | **Price/Unit** | **Amount** | |  |  | | |
|  |  | | |  | | |  |  |  | |  |  | | |
|  | {#items} | | |  | | |  |  |  | |  |  | | |
|  | {description} {HSN} {GST} | | | {quantity} | | |  | {price} | {total} | |  |  | | |
|  | {/items} | | | {} | | |  | {} |  | |  |  | | |
|  | {} | | | {} | | |  | {} | 100 | |  |  | | |
|  | {} | | | {} | | |  | {} | 100 | |  |  | | |
|  | {} | | | {} | | |  | {} | 100 | |  |  | | |
|  | {} | | | {} | | |  | {} | 100 | |  |  | | |
|  |  | | |  | | |  |  |  | |  |  | | |
|  |  |  | |  | | |  |  |  | |  |  | |
|  |  |  | |  | | |  | **Subtotal** | {subtotal} | |  |  | |
|  |  |  | |  | | |  | **Discount** | {discount} | |  |  | |
|  |  |  | |  | | |  | **(Tax rate)** | {taxrate} | |  |  | |
|  |  |  | |  | | |  | **Tax** | 0 | |  |  | |
|  |  |  | |  | | |  |  |  | |  |  | |
|  |  |  | |  | | |  |  |  | |  |  | |
|  |  |  | |  | | |  | **Invoice total** | ₹{total} | | |  |
|  |  | | |  | | |  |  |  | |  |  | |
|  | **Terms**  E.g., Items are non-returnable | | |  | | |  |  |  | |  |  | |
|  |  | | | | | | | |  | |  |  | |