|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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} | | |  | | |  |  |  | |  |  | | |
|  |  | | |  | | |  |  |  | |  |  | | |
|  |  | | |  | | |  |  |  | |  |  | | |
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|  |  |  | |  | | |  |  |  | |  |  | |
|  |  |  | |  | | |  | **Subtotal** | {subtotal} | |  |  | |
|  |  |  | |  | | |  | **Discount** | {discount} | |  |  | |
|  |  |  | |  | | |  | **Tax rate** | {taxrate} | |  |  | |
|  |  |  | |  | | |  | **Tax** | 0 | |  |  | |
|  |  |  | |  | | |  |  |  | |  |  | |
|  |  |  | |  | | |  |  |  | |  |  | |
|  |  |  | |  | | |  | **Invoice total** | ₹{total} | | |  |
|  |  | | |  | | |  |  |  | |  |  | |
|  | **Terms**  E.g., Items are non-returnable | | |  | | |  |  |  | |  |  | |
|  |  | | | | | | | |  | |  |  | |