

**Name:**

**Address:**

DENTAL INVOICE

Your Company, Inc

**Serviced At:**

**Patient’s Name:**

Sales Tax Rates: On Parts on Labor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Invoice** | **Service Performed** | **Type** | **Estimate** | **Invoice Date** | **Service Date** |
|  |  |  |  |  |  |

|  |
| --- |
| **PARTS USED** |
| **Quantity** | **Description** | **Price** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| PartsLaborTaxTotal |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Dentist** | **Date** | **Hours** | **Rate** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total** |  |

Comments:

 **Service Issued By Signed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**