

**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** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Parts  Labor  Tax  Total | | |  |

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

Comments:

**Service Issued By Signed**

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