[Healthcare Company Name]

[Street Address]
[City, State, Zip]
Phone: [000-000-0000]

INVOICE

Invoice #: _____

Date: _____

BILL TO:

[Customer/Clinic Name]
[Address]
[Contact Number]

SHIP TO:

[Facility Name]
[Address]
[Attn: Department/Name]

SKU/Code	Product Description	Qty	Unit Price	Total

Subtotal: $0.00
Tax: $0.00

Shipping: $0.00

Total: $0.00

Payment Terms: Net 30. Please make checks payable to [Company Name].

Certification: All healthcare products listed above comply with [Relevant Regulatory Body] standards.