WELLNESS VIRTUAL CONSULTATION

[Practice Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]

Bill To:
[Client Name]
[Client Email]
[Client Phone]

Consultation Platform:
[Zoom / Telehealth / Google Meet]

Service Description	Duration	Rate	Total
Initial Wellness Assessment (Virtual)	60 Mins	$0.00	$0.00
Follow-up Nutritional Coaching	30 Mins	$0.00	$0.00
Digital Resource Guide / PDF Plan	-	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Amount Due: $0.00

Payment Instructions:

[Insert PayPal, Venmo, or Bank Transfer Details Here]

Thank you for prioritizing your wellness.
For any questions regarding this invoice, please contact [Email Address].