

DENTAL IMPLANT CENTER

123 Medical Plaza, Suite 100
City, State, ZIP
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

PATIENT INFORMATION:

Name: _____
ID/Chart: _____
Address: _____

SURGERY DETAILS:

Surgeon: _____
Procedure Date: _____
Tooth Site(s) #: _____

ADA Code	Description of Service	Qty	Unit Cost	Amount
D6010	Surgical Placement of Implant Body	_____	\$	\$
D6056	Prefabricated Abutment	_____	\$	\$
D6058	Abutment Supported Porcelain/Ceramic Crown	_____	\$	\$
D7953	Bone Graft for Ridge Preservation	_____	\$	\$

ADA Code	Description of Service	Qty	Unit Cost	Amount
D9222	Deep Sedation/General Anesthesia	_____	\$	\$
-	Other: _____	_____	\$	\$

Subtotal: \$ _____
Insurance Estimate: (\$ _____)
Patient Responsibility: \$ _____

Notes: _____

Payment is due at the time of service. We accept major credit cards, cash, and financing options.