

# Little Smiles Pediatric Dentistry

123 Bright Tooth Lane  
Dental City, ST 12345  
Phone: (555) 012-3456

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Patient DOB: \_\_\_\_\_

Date	ADA Code	Description of Service	Fee

Subtotal: \$ \_\_\_\_\_  
Insurance Coverage: - \$ \_\_\_\_\_

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**Amount Due: \$** \_\_\_\_\_

Thank you for choosing Little Smiles! Please make checks payable to "Little Smiles Pediatric Dentistry".

Late payments may be subject to a 1.5% monthly finance charge.