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INVOICE

Practitioner/Clinic Name

Address Line 1

City, State, Zip

Email / Phone

Bill To:

Client Name

Client Address

Client Phone

Invoice #: [000]

Date: [MM/DD/YYYY]

Dosha/Consult Type: [Type]

Description of Service / Herbal Formulation	Qty/Hrs	Rate	Amount
Initial Ayurvedic Consultation (Prakriti/Vikriti Analysis)	1	\$0.00	\$0.00
Custom Herbal Formulation (Churnas/Tailams)	1	\$0.00	\$0.00
Abhyanga or Shirodhara Treatment	1	\$0.00	\$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to: [Name]

Bank Transfer / Digital Payment: [Details]

Thank you for choosing a path to holistic balance. Namaste.

Disclaimer: Ayurvedic consultations are for educational purposes and do not replace conventional medical advice.