

INVOICE

[Practitioner/Clinic Name]

[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

CONSULTATION DETAILS:

Practitioner: [Name]
Appointment Type: [Initial/Follow-up]

Description (Consultation & Remedies)	Qty/Hrs	Rate	Amount
Herbal Medicine Consultation	[0]	[\$[0.00]]	[\$[0.00]]
Custom Tincture Formulation ([Size])	[0]	[\$[0.00]]	[\$[0.00]]
Bulk Dried Herbs / Tea Blend	[0]	[\$[0.00]]	[\$[0.00]]
Supplements/Topicals	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]
Total: \$[0.00]

Payment Instructions: [Bank Details / PayPal / Check Info]

Notes: Please consult with your primary healthcare provider before starting new herbal protocols. Thank you for choosing natural wellness.