

[Nutritional Therapist Name]

[Business Address]

[City, State, Zip]

[Email/Phone]

INVOICE

Date: [MM/DD/YYYY]

Invoice #: [001]

BILL TO:

[Client Name]

[Client Address]

[Client Phone]

Service Description	Quantity	Rate	Amount
Initial Nutritional Assessment	[0]	[\$[0.00]]	[\$[0.00]]
Follow-up Consultation	[0]	[\$[0.00]]	[\$[0.00]]
Functional Testing Review	[0]	[\$[0.00]]	[\$[0.00]]
Custom Meal Planning	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Due: \$[0.00]

Payment Instructions:

Please make checks payable to [Business Name] or pay via [Payment Method/Link].
Payment is due within [Number] days.

Thank you for choosing nutritional therapy to support your health journey.