

# INVOICE

Reflexology & Wellness Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

## PROVIDER

**[Practitioner Name]**

[Street Address]

[City, State, Zip]

[Phone / Email]

## CLIENT

**[Client Name]**

[Client Address]

[Phone / Email]

Treatment Description	Duration	Rate	Amount
Foot Reflexology Treatment	_____ min	\$ _____	\$ _____
Hand/Ear Reflexology Add-on	_____ min	\$ _____	\$ _____
Aromatherapy / Essential Oils	--	\$ _____	\$ _____
Subtotal: \$ _____			
Tax: \$ _____			
<b>Total: \$ _____</b>			

**PAYMENT INSTRUCTIONS**

Method: [Cash / Check / Credit Card / Electronic Transfer]

Notes: \_\_\_\_\_

---

Thank you for choosing [Practitioner Name] for your wellness journey.

*Reflexology is a non-invasive complementary therapy and does not replace medical advice.*