

TRADITIONAL CHINESE MEDICINE

123 Herbal Way, Wellness City
Phone: (555) 012-3456
Email: info@tcm-clinic.com

INVOICE

Invoice #: _____
Date: _____

PATIENT DETAILS:

Name: _____
ID/DOB: _____
Address: _____

PRACTITIONER:

Name: _____
License #: _____
Diagnosis Code: _____

Description (Consultation / Acupuncture / Herbs)	Qty/Duration	Unit Price	Amount

**Description (Consultation /
Acupuncture / Herbs)**

Qty/Duration

**Unit
Price**

Amount

Subtotal: \$ _____

Tax/GST: \$ _____

Total Amount: \$ _____

Payment Method: Cash / Credit Card / Insurance

Notes: Please follow the herbal decoction instructions provided. Next appointment scheduled for:

Thank you for choosing natural healing.