

# ADVANCED VETERINARY NEUROLOGICAL SURGERY

123 Neuro Way, Specialty Suite 500  
Medical District, ST 12345  
Phone: (555) 010-9988

## INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Case ID: \_\_\_\_\_

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### CLIENT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

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### PATIENT INFORMATION

Name: \_\_\_\_\_  
Species/Breed: \_\_\_\_\_  
Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Service/Procedure Description	Code	Qty	Unit Price	Amount
Pre-Surgical MRI / CT Scan High-Res	DIAG-01			
Hemilaminectomy / Ventral Slot Decompression	SURG-NEURO			

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Service/Procedure Description	Code	Qty	Unit Price	Amount
Anesthesia - Advanced Neuro Monitoring (Level IV)	ANES-04			
ICU Recovery & Neurological Nursing (Per 24h)	ICU-CARE			
Specialized Intraoperative Pharmaceuticals	PHARM-S			
Subtotal: \$ _____				

Tax: \$ \_\_\_\_\_  
Total Balance: \$ \_\_\_\_\_

**NOTES & POST-OPERATIVE INSTRUCTIONS**

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Payment is due at the time of discharge. Thank you for trusting us with your pet's neurological care.