

OPHTHALMIC SURGERY INVOICE

[Clinic Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

PATIENT INFORMATION

Pet Name: _____
Species/Breed: _____
Patient ID: _____

Description of Surgical Services & Supplies	Qty	Unit Price	Total
Pre-Anesthetic Ocular Exam & Tonometry			
Anesthesia & Monitoring (Specialized Ophthalmic)			
Micro-Surgical Procedure: _____			
Operating Room / Microscope Usage Fee			

Description of Surgical Services & Supplies	Qty	Unit Price	Total
---	-----	------------	-------

Ophthalmic Sutures & Specialized Consumables

Post-Operative Medications (Topical/Oral)

Hospitalization / Recovery Care

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Post-Operative Instructions & Notes:

Please keep the Elizabethan collar on at all times to prevent self-trauma to the surgical site.