

ORTHOPEDIC SURGERY INVOICE

[Clinic Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Surgeon: _____

CLIENT INFORMATION

Name: _____
Phone: _____
Address: _____

PATIENT INFORMATION

Name: _____
Species/Breed: _____
Weight: _____ kg / lbs

Description of Procedure / Supplies	Qty	Unit Price	Total
Pre-Anesthetic Blood Work & Exam			
Anesthesia & Monitoring (Time: _____)			
Surgical Procedure: [e.g. TPLO, Fracture Repair]			

Description of Procedure / Supplies	Qty	Unit Price	Total
Orthopedic Implants (Plates, Screws, Pins)			
Radiographs (Pre & Post-Operative)			
Pain Management & Post-Op Medications			
Hospitalization & Nursing Care (___ Days)			
Subtotal: \$ _____			

Tax: \$ _____
Total Amount: \$ _____

NOTES & DISCHARGE INSTRUCTIONS

Thank you for trusting us with your pet's orthopedic care.
Please follow all post-operative activity restrictions strictly.