DERMATOLOGY CLINIC

123 Medical Plaza, Suite 400
Clinical Skincare Division

INVOICE

INVOICE #: _____

DATE: _____

PATIENT INFORMATION

Name: _____

ID: _____

Dermatologist: _____

PAYMENT DETAILS

Method: [ ] Cash [ ] Card [ ] Insurance

Transaction Ref: _____

Product Description / SKU	Qty	Unit Price	Discount	Total

Subtotal: $ _____
Tax (___%): $ _____
Total Amount: $ _____

Note: Prescribed skincare products are non-refundable once opened. Please store in a cool, dry place as directed.

Thank you for choosing our clinic for your skincare needs.