

# MEDICAL TECH SERVICES

123 BioMed Way, Engineering Suite 4

Phone: (555) 010-8899

Email: service@medtech.example

## INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order #: \_\_\_\_\_

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### CLIENT INFORMATION

Facility: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

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### DEVICE INFORMATION

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Transducer ID: \_\_\_\_\_

Description of Service / Parts	Qty	Unit Price	Total
Labor: Diagnostic & Electrical Safety Testing			
Replacement Part: _____			
Replacement Part: _____			

Description of Service / Parts	Qty	Unit Price	Total
NIST Traceable Calibration Service			
Shipping / Handling			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

**TECHNICIAN NOTES**

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Repair summary, frequency verification, and safety compliance details:

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Payment is due within 30 days. All repairs include a 90-day warranty on parts and labor. This device has been tested according to IEC 60601-2-5 standards.