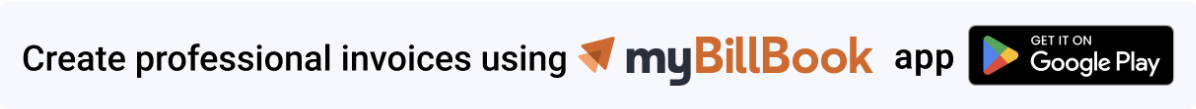
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MEDICAL INVOICE | | | |  | | |
| Company Name: | | | |  | | |
| Bill from: | Customer Details | | | Bill details | | |
| CIN Number: | Name: | | | Bill No.: | | |
| Address: | Address: | | | Booking ID: | | |
|  |  | | | Sample Collection: | | |
| Phone No.: | Contact Number: | | | SAC code: | | |
| GSTIN: |  | | |  | | |
| Test Description | | Quantity | | Price /Unit | GST (%) | Amount |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | | | | **Sub Total** | |  |
| **Amount In Words:** | | | | Discount: | |  |
| **Final Amount:** | |  |
| Amount Paid: | |  |
| Balance: | |  |
|  | | | | | | |
| **Declaration:** | | | | | | |
|  | | | | | | |
| Client's Signature | | | Business Signature | | | |
|
|  | | | | | | |

[](https://mybillbook.in/)