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| --- | --- |
| Nurse / Office Name | NURSE**INVOICE** |
| Your address line 1Your address line 2City, State, ZIP | 1(123) 456-7899info@youremail.comwww.yourwebsite.com |
|  |
| Bill To | Invoice # | Payment Terms | Amount Due |
| Patient NameAddress line 1Address line 2City, State, ZIP | e.g., 00001 | e.g., Net 14 | $103.00 |
| Issue Date | Due Date |
| 01/01/2025 | 01/14/2025 |
|  |
| Description | Hours | Rate ($/hr) | Amount |
| Wound dressingApplied dressing to arm for cut sustained during fall | .5 | $30.00 | $15.00 |
| Infusion therapyHigh-flux dialysis | 2 | $40.00 | $80.00 |
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|  |  |  |  |
| Payment Method(s): e.g., Cash, check, paypal | Subtotal | $95.00 |
| Tax | $8.00 |
| Payment Link(s): e.g., www.samplepaymentlink.com/ | Misc. | - |
|  |  |
| Notes: | **Amount Due** | **$103.00** |
|  |  |