[Your business name]

[Street address]
[Town, postcode]
[Email]

Invoice

No. INV-0001

PREPARED FOR

[Customer name]

[Customer address]

ISSUE DATE

10 Sept 2026

DUE DATE

24 Sept 2026

DESCRIPTION	TIME	RATE	AMOUNT
New patient consultation and examination	1	£65.00	**£65.00**
Follow-up treatment	6	£45.00	**£270.00**
		Subtotal	£335.00
		TOTAL DUE	**£335.00**

PAYMENT DETAILS

Bank	**[Bank name]**
Account name	**[Account name]**
Account no.	**[00000000]**
Sort code	**[00-00-00]**

NOTES

Payment due at the appointment.