MENTAL

**TOTAL**

**OTHER**

**LABOR COST**

**OTHER COST**

**SUBTOTAL**

Instruction or some other text written here

Thank You!

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **HOURS/TASKS** | **RATE** | **AMOUNT** |
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**BILL TO**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |  | Invoice# |  |
| Address |  | Service Person |  |
| Phone# |  | Phone# |  |

**DR. IBRAN**

Address:

City, State, ZIP Code:

Phone#:

Email:





**MENTAL HEALTH THERAPY INVOICE**