

ACCOUNT/RECEIPT

Name of Provider who Provided Service

**Dr Sam P Sample
Remedial Massage Therapist**

Practice Address

11 Sample Rd Sampleville NSW 1234
ABN 00 555 666

ABN of Provider or Practice

Date account/receipt was issued

RECEIPT # 1
DATE: MARCH 5, 2008

| PATIENT NAME | DATE | QUANTITY | DESCRIPTION | UNIT PRICE | DISCOUNT | LINE TOTAL |
|-----------------------|--------|----------|------------------|------------|----------|------------|
| Sam Simple | 1/2/07 | 1 | Remedial Massage | 45.00 | 0.00 | 45.00 |
| Sam Simple | 1/2/07 | 1 | Shiatsu | 45.00 | 0.00 | 45.00 |
| TOTAL DISCOUNT | | | | | | |

Notes: Massage conducted at patient's residence.

| | |
|--------------------|-------|
| SUBTOTAL | 90.00 |
| AMOUNT PAID | 90.00 |
| BALANCE | 0.00 |

Signed _____

Signature of person who issued Account/Receipt

Notes may indicate details such as if the service was conducted outside of the providers address

Indication of payment status and any balance owing

THANK YOU FOR YOUR BUSINESS!