



# INVOICE

## *Your Veterinary Hospital, LLC*

1111 Compassion Court, Everytown, USA

*Compassionate care for all species!*

Client: Garfield

Date: 09-26-2019  
Procedure: Wound Care

QTY	DESCRIPTION	PRICE
1	DVM service/office visit	_____
1	Dexmedetomidine Butorphanol Sed	_____
1	Dexmedetomidine HCL 0.5mg/ml	_____
1	Butorphanol 10m/ml per ml	_____
1	Wound flush and debride	_____
1	REBOUND PRF device	_____
1	Blood collection	_____
1	Platelet Rich Fibrin separation and compression	_____
1	Suture Rebound PRF and wrap	_____
1	Antisedan reversal	_____
1	Antisedan 10ml per ml	_____
1	Technician services (30 min.)	_____

**TOTAL:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_ lbs

*Thank you for letting us care for your fur-family!*

**What does this combo of services cost your clients?**