



INVOICE

Your Veterinary Hospital, LLC

1111 Compassion Court, Everytown, USA

Compassionate care for all species!

Client: Chris P. Bacon

Date: 09-26-2019

Invoice: 0000

| 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 | REBOUND PRP therapy | _____ |
| 1 | Blood collection | _____ |
| 1 | Platelet Rich Plasma separation | _____ |
| 1 | Joint injection | _____ |
| 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?