TAX INVOICE

GST invoice format for a dental clinic

Supplier name	Your business name	**Customer name**	Customer / business name
Address	Shop/office address, city, state, PIN	**Customer address**	Billing address
GSTIN	27ABCDE1234F1Z5	**Customer GSTIN**	If registered (B2B)
Invoice no.	INV/25-26/0001	**Tooth number (FDI notation)**	
Invoice date	DD/MM/YYYY	**Treatment plan and sitting number**	
Place of supply	State name (state code)	**Dental Council registration number**	
		Advance and balance due	
		Lab work description	
		Cosmetic or treatment flag	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Dental consultation and oral examination	999312	1 VISIT	400.00	400.00	0%	0.00	0.00	400.00
2	Root canal treatment — tooth 36 (sitting 1 of 3)	999312	1 NOS	3,500.00	3,500.00	0%	0.00	0.00	3,500.00
3	Composite filling — tooth 14	999312	1 NOS	1,500.00	1,500.00	0%	0.00	0.00	1,500.00
4	Intraoral X-ray (IOPA)	999316	2 NOS	200.00	400.00	0%	0.00	0.00	400.00
5	Toothpaste for sensitive teeth (retail tube)	3306	1 PCS	180.00	180.00	5%	4.50	4.50	189.00
								Taxable	5,980.00
								GST	9.00
								Total (Rs.)	**5,989.00**

Inter-state sale? Replace CGST + SGST with IGST at the full GST rate.

Amount in words: _____

Bank / UPI details: _____

Declaration: We declare that this invoice shows the actual price of the goods/services described and that all particulars are true and correct.

For (Supplier name) — Authorised signatory

Free template from billingsoftware.co (Billing Software by Betterwork)