TAX INVOICE

GST invoice format for a physiotherapy 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	**Condition being treated**	
Invoice date	DD/MM/YYYY	**Referring doctor**	
Place of supply	State name (state code)	**Session package and count**	
		Therapist's qualification	
		Modalities used	
		Home visit charge	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Physiotherapy assessment — post-operative knee	999314	1 VISIT	600.00	600.00	0%	0.00	0.00	600.00
2	Physiotherapy session with IFT and ultrasound	999314	5 SESSION	500.00	2,500.00	0%	0.00	0.00	2,500.00
3	Home visit physiotherapy session	999314	2 SESSION	900.00	1,800.00	0%	0.00	0.00	1,800.00
4	Crepe bandage 10 cm	3005	2 PCS	120.00	240.00	5%	6.00	6.00	252.00
5	Electric hot pack / massage apparatus	9019	1 PCS	1,400.00	1,400.00	5%	35.00	35.00	1,470.00

Taxable	6,540.00
GST	82.00
Total (Rs.)	**6,622.00**

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)