



# INVOICE

732 Newman Springs Road, Suite 300  
 Lincroft, NJ 07738  
 Phone (732) 747-1262 Fax (732) 747-1262

**DATE:**

**Bill To:** \_\_\_\_\_ **Ship To:** \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Comments or Special Instructions:**

SALESPERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	F.O.B. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Thermoactive Shoulder #6032	\$ 65.00	\$ -
	Thermoactive Elbow #6017	58.00	
	Thermoactive Knee #6022	58.00	

Credit card: Visa Mastercard Amer Ex	SUBTOTAL	\$ -
Name: _____	TAX RATE	7.00%
Credit card #: _____	SALES TAX	-
Expiration date: _____	SHIPPING & HANDLING	10.95
CV#: _____	<b>TOTAL</b>	<b>\$ 10.95</b>

Make all checks payable to **db Orthopedic Physical Therapy, PC**  
 If you have any questions concerning this invoice, contact Christina Scullari at christina@dborthopt.com  
 Fax order form to 732-747-1262 or email to christina@dborthopt.com

**THANK YOU FOR YOUR BUSINESS!**