Your name, qualification

Physiotherapy bill

Phone · Address or city · Registration no. (if you use one)

Bill no. _____ **Bill date** _____

Patient _____ **Period** _____ to _____

#	Date	Day	Sessions	Fee (₹)	Paid (₹)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Pay by UPI _____

Payment mode: Cash / UPI / Bank transfer

Signature _____

Sessions (and days)

Total (₹)

Paid (₹)

Balance due (₹)

Free template from carelog.live. CareLog fills this in for you: mark each home visit in one tap and get the bill as a PDF with a scan-to-pay UPI QR.