

ESTIMATE

Massage Therapy estimate template
avoinvoice.com

FROM

Your business name

Address

Phone · email

BILL TO

Client name

Client address

Phone · email

ESTIMATE #

DATE

VALID UNTIL

LICENSE # / NPI

TAX ID

CLAIM / REFERRAL REF.

PAYMENT METHOD

DESCRIPTION

QTY × RATE

AMOUNT

Session: date, length, modality, CPT code

Add-on: hot stones, cupping, extended time

Package: purchase or session # of # (credit)

Mobile / travel fee

Gratuity (optional)

Other

NOTES & PAYMENT TERMS

This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal

Tax

ESTIMATED TOTAL