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Date: / /2008

Tax Invoice

Name:
Diagnostic Card Number:
Phone Number:
Address:

| Product | Qty | Price | Total |
|-------------------------------|-----|----------|-------|
| Organic Shampoo 250ml | | \$20.00 | |
| Derma Clean 250ml | | \$25.00 | |
| Herbal Conditioner | | \$20.00 | |
| Intense Protein Treatment | | \$40.00 | |
| Saw Palmetto (120 tablets) | | \$70.00 | |
| Proscar 30tabs*5mg | | \$130.00 | |
| 3% 'Topical Solution' 100 ml | | \$200.00 | |
| 5% 'Topical Solution' 100ml | | \$225.00 | |
| 7% 'Topical Solution' 100ml | | \$350.00 | |
| 7.5% 'Topical Solution' 100ml | | \$400.00 | |
| 10% 'Topical Solution' 100ml | | \$600.00 | |
| Postage | | \$ 15.00 | |
| Program Payment | | \$ | \$ |
| TOTAL | | \$ | \$ |

Cash/ Cheque/ Visa/ M/card/ Other-_____

Thank you Signed: