

Card Holder' Signature:

Please indicate if receipt is required Yes/No

Dr Martin WilkeningOral Surgeon Provider No: 266110MH

Provider No: 266110MH ABN: 28 611 822 840 550 Queensberry Street North Melbourne VIC 3051

Card Expiry Date:

Tel: 03 9600 9232 Fax: 03 9329 3134

Mr Brian Banh 28 Moore Crescent RESERVOIR VIC 3073

Patient:	Mr Brian Banh Dr Timothy Van 14/01/2023		26/06/2023 015860
Prov No:		•	TAX INVOICE
Date	Item	Description	Amount
Balance for	ward fron	n previous statement	0.00
21/06/2023		Payment - Thank You	2250.00
22/06/2023		18.28 Surgical removal of w/tooth with bor	
22/06/2023	2 X 324	38.48 Surgical removal of w/tooth with bor	ne removal & divisi 1125.00
FEE TO		\$ 2250.00 PAID TODAY	\$ 0.00 BALANCE OWING
Please charg	e my: VIS	A[] BANKCARD[] MASTERCARD[]	\$
Card Holder's I	Name:		