



# TOOTHY HURTY INVOICE

**Bill From**

Name: Toothy Hurty Dental  
Company Name: Big Dental  
Street Address: Main Street, 1  
City, ST ZIP Code: Letterkeny  
Phone: 083 8249632

**Bill To**

Patient Name: Edgar Malevic  
Patient Address: 148 Solomons Court,  
Letterkeny  
Patient Phone: 0838249658

**Invoice No.**678380

Invoice Date: 03/04/2025

| Description           | Appointment Time/Date | Price (\$) | Total (\$) |
|-----------------------|-----------------------|------------|------------|
| Exam scale and polish | 28/03/2025 13:00      |            | \$90.00    |
|                       |                       |            |            |
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|                       |                       |            |            |
|                       |                       |            |            |
| Subtotal              |                       |            | \$90.00    |
| Sales Tax             |                       |            | \$13.50    |
| Other                 |                       |            |            |
| Total                 |                       |            | \$103.50   |