



# 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: Edward Madden  
Patient Address: 26 Maple Street,  
Letterkenny  
Patient Phone: 0871652522

**Invoice No.**245794

Invoice Date: 28/03/2025

Description	Appointment Time/Date	Price (\$)	Total (\$)
Filling White Composite	31/03/2025 09:30		\$80.00
Missed Attendance Charges: 19			\$380
Subtotal			\$460.00
Sales Tax			\$69.00
Other			
Total			\$529.00