 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, Letterkenny  Patient Phone: 0838249658 | Invoice No.274960  Invoice Date: 27/03/2025 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Appointment Time/Date** | **Price ($)** | **Total ($)** |
| Exam scale and polish | 28/03/2025 13:00 |  | $90.00 |
| Missed Attendance Charges: 1 |  |  | $20 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Subtotal** | | | $110.00 |
| Sales Tax | | | $16.50 |
| Other | | |  |
| **Total** | | | $126.50 |