

Epic Dental Lab

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INVOICE #4789

DATE: 05/16/2025



Bill To			Case Info	
Smiles Dental 1683 W Harvard Ave Roseburg, OR, 97471, United States			Case Number: 4789	
			Invoice Date: 03/24/2025	
			Customer ID: Smiles Roseburg	
			Patient Name: Paul Brady	
			Shade:	
Qty	Product ID	Tooth	Description	Price
1.00	Framework LRPD		Lower cast partial framework	\$195.00
			Extended Amount:	\$195.00
			Invoice Subtotal:	\$195.00
Invoice Notes:				
			Invoice Total:	\$195.00