301 Club ave Roseburg, OR, 97470, United States Phone: 541-643-7181 5416437074 epicdentallab@gmail.com

INVOICE #4840

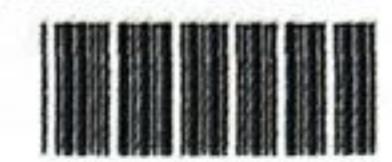
DATE: 04/02/2025



	Bill To			Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States		Case Number: 4: Invoice Date: 04/02/25 Customer ID: Smiles Roseb Patient Name: Brenda Mi Shade:		: 04/02/2025 s Roseburg	
Qty	Product ID	Tooth	Description		Price
1.00	Reset/Process FUD		Reset / Process of FUD		\$153.00
1.00	Teeth	6-11	Set of premium teeth		\$55.00
Invoice	Notes:			Extended Amount: Invoice Subtotal:	\$208.00 \$208.00
				Invoice Total:	\$208.00

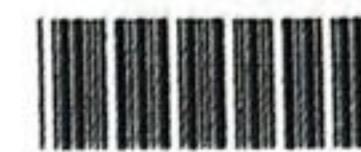
301 Club ave Roseburg, OR, 97470, United States Phone: 541-643-7181 5416437074 epicdentallab@gmail.com

INVOICE #4914



	Bill To		Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Number: 4 Invoice Date: 04/17/2 Customer ID: Smiles Rosek Patient Name: Robert Sha	
Qty	Product ID	Tooth	Description	Price
1.00	Custom tray /L		Custom tray lower	\$51.00
1.00	Digital model	2.1.14	Digital duplicate lower model	\$15.00
1.00	Digital models		Digital duplicate upper model	\$15.00
Invoice	e Notes:		Extended Amount: Invoice Subtotal:	\$81.00 \$81.00
			Invoice Total:	\$81.00

INVOICE #4924



	Bill To		Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Number: 49 Invoice Date: 04/17/20 Customer ID: Smiles Rosebo Patient Name: Christine Man Shade:	
Qty	Product ID	Tooth	Description	Price
1.00	Framework URPD Set up URPD	2,3,14	Upper cast partial framework Set up URPD for wax try-in Teeth URPD	\$225.00 \$120.00 \$38.00
			Extended Amount: Invoice Subtotal:	\$383.00 \$383.00
Invoice	e Notes:		Invoice Total:	\$383.00

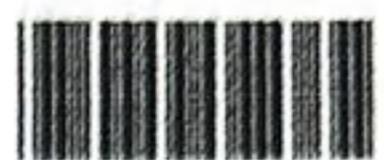
INVOICE #4915



umber: 4915	Case Info		Bill To	
: 04/17/2025 s Roseburg	Customer ID: Smile: Patient Name: Vie	Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States		
Price	Description	Tooth	D	~.1
\$195.00	Nesbit valplast partial	11	Product ID Nesbit	Qty
\$15.00 \$15.00	Digital duplicate lower model			1.00
\$15.00	Digital duplicate upper model			(0)000000000000000000000000000000000000
\$225.00 \$225.00	Extended Amount: Invoice Subtotal:			
			Notes:	Invoice
\$225.00	Invoice Total:			

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INVOICE #4923



	Bill To			Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States		Case Number: 4 Invoice Date: 04/17/2 Customer ID: Smiles Roseb Patient Name: Susan Whitco		04/17/2025 Roseburg	
Qty	Product ID	Tooth	Description		Price
1.00	reset LPD		Reset LRPD		\$60.00
	Teen him a			Extended Amount: Invoice Subtotal:	\$60.00 \$60.00
Invoice	Notes:				
				Invoice Total:	\$60.00

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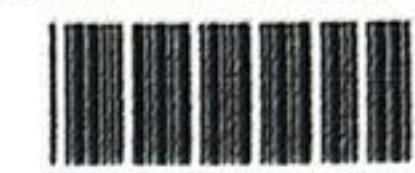
INVOICE #4922



	Bill To		Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Number: 49 Invoice Date: 04/17/20 Customer ID: Smiles Rosebu Patient Name: Jessie D Shade:	
Qty	Product ID	Tooth	Description	Price
1.00	Set up LRPD		Set up LRPD for wax try-in	\$120.00
1.00	Set-up FUD		Set-up wax try in of FUD	\$120.00
1.00	Teeth		Set of premium teeth	\$75.00
1.00	Teeth LRPD		Teeth LRPD	\$40.00
			Extended Amount: Invoice Subtotal:	\$355.00 \$355.00
Invoice	Notes:			
			Invoice Total:	\$355.00

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INVOICE #4929



	Bill To			Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Number: 45 Invoice Date: 04/17/20 Customer ID: Smiles Roseb Patient Name: Lola Sorens Sha		04/17/2025 Roseburg
Qty	Product ID	Tooth	Description		Price
1.00	Custom tray		Custom tray upper		\$51.00
				Extended Amount: Invoice Subtotal:	\$51.00 \$51.00
ITIVOICE	e Notes:			Invoice Total:	\$51.00

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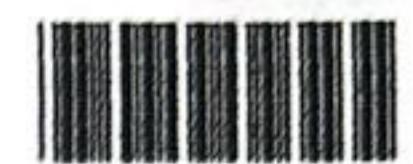
INVOICE #4928



	Bill To			Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States		Case Number: 4: Invoice Date: 04/17/2 Customer ID: Smiles Roseb Patient Name: Kimberly Whip Sha		04/17/2025 Roseburg	
Qty	Product ID	Tooth	Description		Price
1.00	Custom tray		Custom tray upper	io design	\$51.00
Invoice	Notes:			Extended Amount: Invoice Subtotal:	\$51.00
				Invoice Total:	\$51.00

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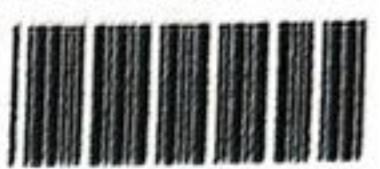
INVOICE #4927



	Bill To		Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Number: 49 Invoice Date: 04/17/20 Customer ID: Smiles Rosebo Patient Name: Bill Hanst Shade:	
Qty	Product ID	Tooth	Description	
1.00	Process LRPD		Process lower partial to finish	\$153.00
1.00	ID Tag		ID Tag	\$15.00
Invoice	e Notes:		Extended Amount: Invoice Subtotal:	\$168.00 \$168.00
			Invoice Total:	\$168.00

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	Case Info			Bill To	
e: 04/17/2025 es Roseburg	Case Number: 4 Invoice Date: 04/17/2 Customer ID: Smiles Roseb Patient Name: Elise Stille Sha		Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States		
Price		Description	Tooth	Product ID	Qty
\$145.00		Hard reline of FUD		Reline	
\$145.00	The contract of the contract o	Reline of FLD			1.00
\$290.00 \$290.00	Extended Amount: Invoice Subtotal:				
543.65				Notes:	Invoice
\$290.00	Invoice Total:				

INVOICE #4925



	Bill To		Case Info	
Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Number: Invoice Date: 04/17/ Customer ID: Smiles Rose Patient Name: Dan Lav	
Qty	Product ID	Tooth	Description	Price
1.00	Reline		Hard reline of FUD	\$145.00
Invoice	e Notes:		Extended Am Invoice Sub	
			Invoice	Total: \$145.00

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INVOICE #4882



	Case Info		Bill To		
Roseburg	Invoice Date: Customer ID: Smiles Patient Name: P		niles Dental 013 NE Hazel Dell Ave, #501 n: Accounting ncouver, WA, 98685, United States		10013 N Attn: Acc
Price		Description	T		
\$145.00		-	Tooth	Product ID	Qty
		Hard reline of FUD		Reline	1.00
\$145.00 \$145.00	Extended Amount: Invoice Subtotal:				
				e Notes:	100000000000000000000000000000000000000

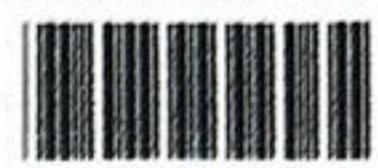


INVOICE #4881



Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Info		
			Case Number: 4887 Invoice Date: 04/10/2025 Customer ID: Smiles Roseburg Patient Name: Cyndi Birch Shade		
Qty	Product ID	Tooth	Description	Price	
	Reline /F	1.00	Reline of FLD	\$145.00	
2.00	Implant Locators		Pick up implant locator (per unit)	\$60.00	
Invoice Notes:			Extended Amount: Invoice Subtotal:	\$205.00 \$205.00	
				51154	
			Invoice Total:	\$205.00	

301 Club ave Roseburg, OR, 97470, United States Phone: 541-643-7181 5416437074 epicdentallab@gmail.com **INVOICE #4885**

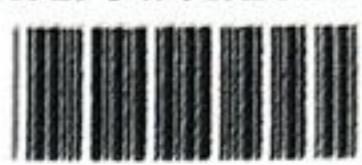


Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Info Case Number: 4885 Invoice Date: 04/11/2025 Customer ID: Smiles Roseburg Patient Name: Jane Walker Shade:		
1.00	Framework weld		Framework repair/weld		\$125.00
Invoice	e Notes:			Extended Amount: Invoice Subtotal:	\$125.00 \$125.00
				Invoice Total:	\$125.00



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INVOICE #4931



Smiles Dental 10013 NE Hazel Dell Ave, #501 Attn: Accounting Vancouver, WA, 98685, United States			Case Info		
			Case Number: 4931 Invoice Date: 04/18/2025 Customer ID: Smiles Roseburg Patient Name: Rebecca Graham-Flock Shade		
Qty	Product ID	Tooth	Description	Price	
1.00			Hard reline of FUD	\$145.00	
1.00	Reline /F		Reline of FLD	\$51.00	
Invoice	Notes:		Extended Amount: Invoice Subtotal:	\$196.00 \$196.00	
			Invoice Total:	\$196.00	