

Clinic Correspondence – Treatment Summary

Date: 2025-08-09

Provider: Dr. Rivera, DMD

Patient: Karen Robinson

DOB: 06/18/1987

SSN: 117-27-1017

MRN: MRN-445566

Subscriber/Member ID: PLN-4433

Phone: (312)555-2211

Email: rbrown77@outlook.com

Address: 822 Market Rd, Springfield, IL 62704

Date of Service: 11/28/2025

This letter summarizes the dental procedures performed on the stated Date of Service. CDT D1110 was completed without incident.

Please contact our office if you have questions about coverage or benefits.