

Clinic Correspondence – Treatment Summary

Date: 2025-08-09

Provider: Dr. Green, DDS

Patient: Matthew Allen

DOB: 01/25/1984

SSN: 224-34-2024

MRN: MRN: ZX-7788

Subscriber/Member ID: SUB-AP-7777

Phone: 202 555 0007

Email: mjohnson+dent@sample.co

Address: Address on file

Date of Service: 06/07/2025

This letter summarizes the dental procedures performed. CDT D2740 was completed.

Please see the remarks below.

Address on file; do not disclose street location in this communication.