

Clinic Correspondence – Treatment Summary

Date: 2025-08-09

Provider: Dr. Carter, DMD

Patient: Lisa Lee

DOB: 13/40/2025

SSN: 221-31-2021

MRN: MRN: A9B8C7

Subscriber/Member ID: UHC-9988-22

Phone: 617-555-0199

Email: patient.smith@healthmail.org

Address: 55 Boylston Ave, Boston, MA 02116

Date of Service: 03/04/2025

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

Please see the remarks below.

Patient indicated an approximate date; DOB recorded as 13/40/2025 in error.