

## **Clinic Correspondence – Treatment Summary**

Date: 2025-08-09

Provider: Dr. Rivera, DMD

Patient: Betty Hall

DOB: 12/24/1983

SSN: 223-33-2023

MRN: MRN: 112233

Subscriber/Member ID: BEN-9922A

Phone: 6175550199

Email: emily.d@provider.net

Address: 9 Lakeview Blvd, Austin, TX 78703

Date of Service: 05/06/2025

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

Please see the remarks below.

Alternate contact 6175550199 during office hours.