

## **Clinic Correspondence – Treatment Summary**

Date: 2025-08-09

Provider: Dr. Rivera, DMD

Patient: Elizabeth White

DOB: 12/12/1981

SSN: 111-21-1011

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: 05/22/2025

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.