

## **Clinic Correspondence – Treatment Summary**

Date: 2025-08-09

Provider: Dr. Rivera, DMD

Patient: Donna Lopez

DOB: 06/02/1989

SSN: 229-39-2029

MRN: MRN: ZX-7788

Subscriber/Member ID: SUB-AP-7777

Phone: 202 555 0007

Email: mjohnson+dent@sample.co

Address: 730 Pine Ln, Seattle, WA 98101

Date of Service: 2025-08-01

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

Please see the remarks below.

Procedure completed on 2025-08-01 per provider notes.