Best Dentist

Dental Clinic Invoice

Lincese Number: A24

Address: 110 Sproul Hall #5800

Berkeley, CA

Dentist: Michael Drake Patient ID: MEM43

Bill To Patient Name: Gordon Moore Invoice Number 20073991

 Insurance Info: Delta Dental #MEM43
 Date
 2/13/2025

 Contact Details: 555-285-5132
 Due Date
 3/15/2025

Procedure: NA Terms

Treatment Date: 1/12/2025

Description	Quantity	Unit price	Amount
Routine Dental Checkup	2	\$25.00	\$50.00
		T ()	# 50.00

Total \$50.00

Insurance claims processed directly. Patient portion due at treatment. Payment plans available for procedures over \$500. Reference #[XXX]