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 20073001

 Insurance Info: Delta Dental #MEM43
 Date
 1/13/2025

 Contact Details: 555-285-5132
 Due Date
 1/15/2025

Procedure: NA Terms

Treatment Date: 1/10/2025

Description	Quantity	Unit price	Amount
Routine Dental Checkup	8	\$25.00	\$200.00

Total \$200.00

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