

Customer: 6286494893
Name: Dr. Karen Edwards MD
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66425 Micheal Springs
Jeffreyfort, New York 76233
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Invoice #: INV-6Y6EN-61
Transaction ID: X82417008579

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Invoice Status: Paid
Payment Date: 2023-01-29

Item 1	\$5,438.19
Item 2	\$6,229.96
Item 3	\$60.22
Total	11728.37