**Customer**: 0915321746 **Name**: Jason Delacruz DDS

Address:

0510 Solomon Shore Suite 797 South Meganview, Maryland 66157 **Home Phone:** 322.055.9149x5662

Invoice #: INV-605CB-47
Transaction ID: M96446599004

**Generated On:** 2023-05-28T21:14:16Z

**Invoice Status:** Paid

**Payment Date: 2023-06-02** 

Item 1	\$3,576.41
Item 2	\$109.42
Item 3	\$48,051.30
Total	51737.13