**Customer**: 6524581038 **Name**: Jasmine Rice MD

Address:

277 Katherine Extension Suite 712 Lake Joyceshire, Hawaii 13174 **Home Phone:** (622)095-9885x3534

Invoice #: INV-9V7EG-96
Transaction ID: U58714873009

**Generated On:** 2023-01-16T09:04:48Z

**Invoice Status:** Paid

**Payment Date: 2023-01-30** 

Item 1	\$3.63
Item 2	\$72,134.46
Item 3	\$2.39
Total	72140.48