

Customer: 4182368213
Name: Heather Cowan DDS
Address:
52759 Maria Trail Apt. 745
Emilytown, New Jersey 97479
Home Phone: 395.290.4933

Invoice #: INV-9T8IP-40
Transaction ID: S76164224491

Generated On: 2023-03-17T01:53:12Z
Invoice Status: Paid
Payment Date: 2023-01-31

Item 1	\$452.51
Item 2	\$8,262.88
Item 3	\$5,571.99
Total	14287.38