**Customer**: 8586007885 **Name**: Martin Lewis DDS

Address:

4434 Lowe Haven Suite 878
Port Brianna, Connecticut 28953

Home Phone: 1605986844

Invoice #: INV-0E4WQ-15
Transaction ID: N25671883535

**Generated On:** 2023-05-25T08:06:01Z

**Invoice Status:** Overdue **Payment Date:** 2023-06-23

Item 1	\$20.05
Item 2	\$8,278.72
Item 3	\$724.26
Total	9023.03