

**Customer:** 0997585364

**Name:** Amanda Porter DDS

**Address:**

99829 Rachel Unions Suite 779

North Brianna, Maine 96204

**Home Phone:** 876.547.4718x64217

**Invoice #: INV-2Z7QC-67**  
**Transaction ID: S47771309374**

**Generated On:** 2023-02-26T09:27:16Z

**Invoice Status:** Paid

**Payment Date:** 2023-03-25

Item 1	\$8,471.96
Item 2	\$845.52
Item 3	\$76,430.78
Total	85748.26