**Customer**: 7074143083

Name: Dr. Laurie Dominguez DDS

Address:

98792 Molina River Suite 679

Port Johnnyfort, Massachusetts 47278

**Home Phone:** 010.825.2822

Invoice #: INV-8V0YJ-56
Transaction ID: G15212180200

**Generated On:** 2023-03-23T11:55:06Z

**Invoice Status:** Paid

**Payment Date: 2023-02-07** 

Item 1	\$19.28
Item 2	\$1.45
Item 3	\$204.18
Total	224.91