

Customer: 5532443971

Name: Caitlyn Diaz MD

Address:

49173 Harris Square

Port Andreastad, Hawaii 54955

Home Phone: 001-359-787-5123x1415

Invoice #: INV-7E9RU-18
Transaction ID: L75018648352

Generated On: 2023-06-02T15:15:58Z

Invoice Status: Paid

Payment Date: 2023-05-26

Item 1	\$2.60
Item 2	\$6,520.74
Item 3	\$5,532.86
Total	12056.2