

Customer: 4970671874

Name: Chad Wells DDS

Address:

835 Perry Rapid Suite 636

Woodwardhaven, Illinois 29119

Home Phone: 061-216-6835x2795

Invoice #: INV-0D5HM-02
Transaction ID: R06162598937

Generated On: 2023-02-06T01:54:37Z

Invoice Status: Paid

Payment Date: 2023-02-13

| | |
|--------|------------|
| Item 1 | \$2.92 |
| Item 2 | \$336.78 |
| Item 3 | \$3,745.42 |
| Total | 4085.12 |