Customer: 3585161674 **Name**: Jasmine Smith MD

Address:

19249 Stevenson Wells Suite 762 Christopherhaven, Oregon 27116 **Home Phone:** 258-521-0816x171

Invoice #: INV-0Y1FJ-91
Transaction ID: E18052743308

Generated On: 2023-06-01T00:11:13Z

Invoice Status: Paid

Payment Date: 2023-06-04

Item 1	\$41.86
Item 2	\$4.36
Item 3	\$2,923.07
Total	2969.29