

**Customer:** 9823297413

**Name:** Jaime Miller DDS

**Address:**

3828 Neal Heights

North David, Georgia 27143

**Home Phone:** (148)344-4325x97981

**Invoice #: INV-1Y2ZF-71**  
**Transaction ID: F29835861736**

**Generated On:** 2023-05-10T03:00:02Z

**Invoice Status:** Paid

**Payment Date:** 2023-04-15

Item 1	\$56.69
Item 2	\$5.49
Item 3	\$59.97
Total	122.15