**Customer**: 8973611255 **Name**: Dr. Karen Flowers

Address:

0860 Day Prairie Suite 597 North John, Minnesota 29645

Home Phone: 768-275-3256x86429

Invoice #: INV-7S3PX-25
Transaction ID: M89536670134

**Generated On:** 2023-03-10T07:54:42Z

**Invoice Status:** Paid

**Payment Date: 2023-03-02** 

| Item 1 | \$74.01  |
|--------|----------|
| Item 2 | \$514.99 |
| Item 3 | \$831.90 |
| Total  | 1420.9   |