

**Customer:** 5766017594

**Name:** Dr. Linda Robinson DDS

**Address:**

474 Ruiz Plains

South Charlesport, Georgia 32235

**Home Phone:** (764)328-4965

**Invoice #: INV-3Y0VS-11**  
**Transaction ID: S05167335184**

**Generated On:** 2023-02-19T11:29:11Z

**Invoice Status:** Paid

**Payment Date:** 2023-02-26

Item 1	\$4,945.43
Item 2	\$15.05
Item 3	\$514.68
Total	5475.16