

**Customer:** 6839898637

**Name:** Mrs. Christina Jones MD

**Address:**

02730 Jackson Island Suite 964

New Roberthaven, New York 57052

**Home Phone:** (459)577-0925

**Invoice #: INV-9O0LM-62**  
**Transaction ID: J41020345920**

**Generated On:** 2023-04-23T15:20:43Z

**Invoice Status:** Paid

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

Item 1	\$384.88
Item 2	\$838.65
Item 3	\$43.22
Total	1266.75