**Customer**: 9269647998 **Name**: Shannon Mueller DDS

Address:

75646 Morris Road Suite 368

Port Bradleyland, Massachusetts 73882 **Home Phone:** 755-638-8612x08809

Invoice #: INV-1E4ZE-77
Transaction ID: X43630597321

**Generated On:** 2023-01-30T00:10:52Z

Invoice Status: Paid

**Payment Date: 2023-02-12** 

| Item 1 | \$64,368.84 |
|--------|-------------|
| Item 2 | \$44,102.64 |
| Item 3 | \$96,700.16 |
| Total  | 205171.64   |