

**Customer:** 8791963264

**Name:** Pamela Mcmillan DDS

**Address:**

234 Johnny Ports Apt. 379

North George, Kentucky 02059

**Home Phone:** 001-667-743-8144x03945

**Invoice #: INV-7G1BD-84**  
**Transaction ID: Y78618786155**

**Generated On:** 2023-03-05T18:58:10Z

**Invoice Status:** Paid

**Payment Date:** 2023-02-09

Item 1	\$46,096.75
Item 2	\$54.45
Item 3	\$227.56
Total	46378.76