Customer: 9852488135

Name: Mr. Ryan Williams DDS

Address:

8367 Carr Square Suite 136 South Calvin, Virginia 10142 **Home Phone:** 9083459515

Invoice #: INV-8S2FE-42
Transaction ID: S71569519175

Generated On: 2023-02-19T10:26:48Z

Invoice Status: Paid

Payment Date: 2023-01-24

| Item 1 | \$67,394.04 |
|--------|-------------|
| Item 2 | \$844.27 |
| Item 3 | \$8,995.89 |
| Total | 77234.2 |