Customer: 2347470886 **Name**: Lisa Brandt MD

Address:

39333 Castro Square

West Aaron, Rhode Island 83380 **Home Phone:** 792.534.4031x096

Invoice #: INV-3A6GD-22 Transaction ID: N70416916516

Generated On: 2023-01-03T21:10:08Z

Invoice Status: Paid

Payment Date: 2023-01-23

Item 1	\$3,742.12
Item 2	\$9,950.31
Item 3	\$67,549.54
Total	81241.97