Customer: 9305741947 **Name:** Sandra Lopez MD

Address:

0149 Schneider Crescent Suite 302

Johnstonbury, Kansas 3667

Home Phone: +1-139-884-5719x3933

Invoice: INV-3F3NR-98

Generated On: 2022-01-25T09:49:14Z

Status: Paid

Payment Date: 1/18/2022

| Item 1 | \$8,748.10 |
|--------|------------|
| Item 2 | \$47.98 |
| Item 3 | \$7,183.21 |
| Total | 15979.29 |