

**Customer:** 9896138026

**Name:** Lynn Moore MD

**Address:**

5837 John Via Suite 717

Freemanborough, South Carolina 40613

**Home Phone:** 943.580.8849x076

## **Invoice: INV-6F5AC-96**

**Generated On:** 2022-06-16T22:31:20Z

**Status:** Paid

**Payment Date:** 7/10/2022

Item 1	\$42,830.69
Item 2	\$72,642.36
Item 3	\$3.11
Total	115476.16