

STATEMENT

Thomas J. Magnani [REDACTED]
Alvin Grayson [REDACTED]

Telephone: [REDACTED]

If paying by credit card, enter the amount you are paying in the remittance box and fill out below.

Mastercard Visa Amex
 Card # _____ Exp Date _____
 Signature _____ Sig Code _____

Mr. Jeff Epstein
301 East 66th Street
Apt 3 10F
New York NY 10065

new address

Date	Account
5/9/2013	9293
	Remittance

IMPORTANT - PLEASE DETACH UPPER PORTION AND RETURN WITH YOUR REMITTANCE TO INSURE CREDIT TO PROPER ACCOUNT

Date	Patient	Description	Charges	Credits	Balance
3/28/2013		Previous Balance			0.00
4/2/2013	Svetleana	Recall Oral Exam	40.00		40.00
4/2/2013	Svetleana	Adult Scale & Propy	180.00		220.00
4/2/2013	Svetleana	Bleach Touch-Up Kit	65.00		285.00

Account Total 285.00

If payment has been sent, please disregard this statement - Thank You.

We accept credit cards! You may complete and return the top part of this statement, or call the office at [REDACTED]

Current	30 Days	60 Days	90 Days	120+ Days
285.00	0.00	0.00	0.00	0.00

Thomas J. Magnani [REDACTED] Alvin Grayson [REDACTED] [REDACTED]