

STATEMENT

Thomas J. Magnani D.D.S.
 Alvin Grayson D.D.S.
 7 West 51st Street
 7th Floor
 New York NY 10019

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 _____

Jeff Epstein
 9 East 71st Street
 New York NY 10021

Date	Account
6/29/2016	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
5/26/2016		Previous Balance			0.00
6/7/2016	Jeff	Recall Oral Exam	40.00		40.00
6/7/2016	Jeff	Adult Scale & Propy	180.00		220.00
6/7/2016	Jeff	Fluorid	12.00		232.00

Account Total 232.00

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
232.00	0.00	0.00	0.00	0.00