

STATEMENT

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

Telephone: (212) 688-1090

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 10F
 New York NY 10065

Date	Account
10/27/2011	9648
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
9/28/2011		Previous Balance			0.00
10/25/2011		Recall Oral Exam	40.00		40.00
10/25/2011		Adult Scale & Propy	180.00		220.00
10/25/2011		Fluorid	12.00		232.00
10/26/2011		Amalgam 2 Surface Perm.	425.00		657.00

Account Total 657.00

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 212-688-1090.

Current	30 Days	60 Days	90 Days	120+ Days
657.00	0.00	0.00	0.00	0.00