

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 _____

Irina Stremyakova



Date	Account
4/19/2012	10097
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
		Previous Balance			0.00
4/18/2012	Irina	1 Periapical X Ray	25.00		25.00
4/18/2012	Irina	Amalgam 2 Surface Perm.	375.00		400.00

Account Total 400.00

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
400.00	0.00	0.00	0.00	0.00