

ATTN: *Bella* STATEMENT

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

From Elizabeth

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
~~██████████~~
 St Thomas Virgin Islands 00802

Date	Account
4/30/2009	9118
	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	
4/21/2009	██████████	Comprehensive Oral eval	50.00		50.00	
4/21/2009		FMS with Bite wings	175.00		225.00	
4/21/2009		Bite Wings 4 Films	65.00		290.00	
4/21/2009		Adult Scale & Prophyl	160.00		450.00	
4/21/2009		Fluorid	12.00		462.00	
4/22/2009		AMERICAN EXPRESS			462.00	0.00
4/29/2009		1 Periapical X Ray	25.00		25.00	
4/29/2009		Amalgam 4+ Surface Perm.	425.00		450.00	
4/29/2009		Amalgam 4+ Surface Perm.	425.00		875.00	

Account Total 875.00

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
875.00	0.00	0.00	0.00	0.00