

## STATEMENT OF SERVICES RENDERED

OH Dental, LLC  
 480 Oak Harbor Boulevard  
 Slidell, LA 70458  
  
 (985)649-9455

<b>CHART NO.</b> DA0195	<b>PAGE NO.</b> 1
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<b>BILLING DATE</b> 10/21/2024
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**GUARANTOR NAME AND MAILING ADDRESS**

Charles Dammon  
 124 Eden Isles Blvd  
 Slidell, LA 70458

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Charles			Periodic oral evaluation	46.00	
Charles			Bitewing Four Image	61.00	
Charles			Prophylaxis-adult	87.00	
Charles			VISA/MC Payment -Thank You		-194.00

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
0.00	- 194.00	+ 194.00	= 0.00	- 0.00	= 0.00

PATIENT	DATE	TIME	REASON
Charles	Wednesday - April 30, 2025	2:20 pm	PeriodicX, ProphyAd

**OH Dental, LLC**

480 Oak Harbor Boulevard  
Slidell, LA 70458

Monday, October 21, 2024 15:05:07

Patient Name Charles Dammon

Type SALE

Account VISA

Card Number \*\*\*\*\*2514

Order ID 48070-51521-102024

Reference Number 368817849

**AMOUNT \$194.00**

Response Code 00/Approved

Approval Number 05247D

**APPROVED - THANK YOU**

IMPORTANT - retain this copy for your records

\*\*\* Cardholder Copy \*\*\*