

STATEMENT OF SERVICES RENDERED

OH Dental, LLC
 480 Oak Harbor Boulevard
 Slidell, LA 70458

 (985)649-9455

| | |
|----------------------------|----------------------|
| CHART NO. DA0195 | PAGE NO. 1 |
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| |
|-----------------------------------|
| BILLING DATE 04/30/2025 |
|-----------------------------------|

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 | | | Prophylaxis-adult | 87.00 | |
| Charles | | | VISA/MC Payment -Thank You | | -133.00 |

| PRIOR BALANCE | CURRENT CREDITS | CURRENT CHARGES | NEW BALANCE | DENTAL INS. EST. | PLEASE PAY |
|---------------|-----------------|-----------------|-------------|------------------|------------|
| 0.00 | - 133.00 | + 133.00 | = 0.00 | - 0.00 | = 0.00 |

| PATIENT | DATE | TIME | REASON |
|---------|----------------------------|---------|--------------------------|
| Charles | Tuesday - November 4, 2025 | 2:20 pm | PeriodicX, 4BWX, PropyAd |

OH Dental, LLC

480 Oak Harbor Boulevard
Slidell, LA 70458

Wednesday, April 30, 2025 15:13:02

Patient Name Charles Dammon
Type SALE
Account VISA
Card Number *****2514
Order ID 02021-31530-042025
Reference Number 28209448

AMOUNT \$133.00

Response Code 00/Approved
Approval Number 09076D

APPROVED - THANK YOU

IMPORTANT - retain this copy for your records

*** Cardholder Copy ***