

OH Dental, LLC

480 Oak Harbor Boulevard
Slidell, LA 70458

Wednesday, December 03, 2025 14:28:51

Patient Name Charles Dammon
Type SALE
Account VISA
Card Number *****2514
Order ID 16512-81403-122025
Reference Number 2136884816

AMOUNT \$236.39

Response Code 00/Approved
Approval Number 05560D

APPROVED - THANK YOU

IMPORTANT - retain this copy for your records

*** Cardholder Copy ***