

SAMPLE DENTAL SERVICES RECEIPT

Dental Office Name: Dr. Caitlin Lee, D.D.S
Street Address: 123 Elm Rd.
City, State, Zip: Buffalo, NY 14203
Phone: 555-111-0000
Email: contact@drleedds.com
Website: www.drleedds.com

Date: 1/17/22

Receipt #: 191

Patient Information

Name: Maria Feinstein
City, State, Zip: Buffalo, NY 14203

Street Address: 24 Chestnut Lane.
Phone: 555-222-9999

Description of Services

Services Rendered: X-rays, general cleaning

Service Date: 1/17/22

Payment: Thirty-Seven U.S Dollars (\$37.00)

- Insurance Copayment
 Self-Pay Amount

Subtotal:	\$37.00
Tax Rate:	N/A
Total Tax:	\$0.00
Amount Due:	\$37.00

Summary of Charge

The aforementioned Client paid the total amount of Thirty-seven U.S Dollars (\$37.00) in the form of (check one)

- Cash
 Credit (No. _____)
 Check (No. _____)
 Other: _____.

Authorized Signature



