STATEMENT

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

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 _____

[redacted]
New York NY 10019

Date	Account
4/19/2012	[redacted]
	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
4/18/2012	[redacted]	1 Periapical X Ray	25.00		25.00
4/18/2012		Amalgam 2 Surface Perm.	375.00		400.00
				Account Total	**400.00**

We accept credit cards! You may complete and return the top part of this statement, or call the office at [redacted]

Current	30 Days	60 Days	90 Days	120+ Days
400.00	**0.00**	**0.00**	**0.00**	**0.00**