

## STATEMENT

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

**Telephone:**

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 \_\_\_\_\_

Mr. Jeff Epstein  
9 East 71st Street  
New York NY 10021

Date	Account
7/1/2015	10055
	Remittance

IMPORTANT - PLEASE DETACH UPPER PORTION AND RETURN WITH YOUR REMITTANCE TO INSURE CREDIT TO PROPER ACCOUNT

Date	Patient	Description	Charges	Credits	Balance
6/3/2015		Previous Balance			0.00
6/16/2015		Adult Scale & Prophy	180.00		180.00
6/16/2015		Recall Oral Exam	40.00		220.00
6/16/2015		Electric toothbrush	160.00		380.00
6/16/2015		Laser Bleaching	750.00		1,130.00

If payment has been sent, please disregard this statement - Thank You.

We accept credit cards! You may complete and return the top part of this statement, or call the office at 212-688-1090.

Current	30 Days	60 Days	90 Days	120+ Days
<b>1,130.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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