

Handout #3

GULF COAST DENTIST
123 MAIN STREET
ANYTOWN, FL 12345

PATIENT: Johnny Sample

Date: 11/10/2010

<u>Date of Service</u>	<u>Explanation of Service</u>	<u>Cost</u>
11/10/2010	2 filling #12, #7, panaramic x-rays	\$152.00
	TOTAL DUE	\$152.00
	PAID CASH	<u>(\$152.00)</u>
	BALANCE DUE	\$0.00

Goods and Service Received
as shown.

11/10/2010

ID# 11111

Consumer: Johnny Sample

Josephine Sample
Josephine Sample