



INVOICE FOR GENERAL ANESTHESIA

NAME:

DOB:

DOS:

AMOUNT: \$ Paid in Full to Arizona Anesthesia for Dentistry, PLLC

DENTAL OFFICE:

DR KHAN
BOARD CERTIFIED DENTAL ANESTHESIOLOGIST

15990 S RANCHO SAHUARITA BLVD, SUITE110, SAHUARITA, AZ 85629

TIN: 81-0834201
NPI: 1578655916
FAX: 520-300-7330

D9222 General Anesthesia Frist 15 minutes	Unit:	Fee: \$
D9223 General Anesthesia, Each additional 15 minutes	Units:	Fee: \$

Total Fees: \$

Method of Payment:

THANK YOU FOR YOUR BUSINESS