Doug Takeuchi DDS
189 N Bascom Ave Ste. 110
San Jose , CA 95128-1869
(408)295-5651

STATEMENT (Limited)

12/04/2025
Account Number

Amount Due	Date Due	Amount Enclosed
$353.50	Upon Receipt	

Robert

CREDIT CARD TYPE _____

_____

3 DIGIT CSV _____

EXPIRES _____

AMOUNT APPROVED _____

NAME _____

SIGNATURE _____

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

Total:	$353.50
-Ins Estimate:	$0.00
=Balance:	**$353.50**

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
12/04/2025	Robert	D9230		Nitrous (ADULT) (unsent)	45.00		45.00
12/04/2025	Robert	D2393	3	ODL resin-based composite - three surfaces, posterior (unsent)	305.00		350.00
12/04/2025	Robert	D2392	5	OD resin-based composite - two surfaces, posterior (unsent)	275.00		625.00
12/04/2025	Robert	Pay		Credit Card $271.50 Payment Number: 174824		271.50	353.50

Scheduled Appointments:
Robert Thursday, 06/11/2026, 2:30 PM, PEREX, PRO