

**Integrated Foot and Ankle Specialists PA
Philadelphia Podiatrist****Payment Receipt**

123 Chestnut Street
Suite 203
Philadelphia, PA 19106
(215) 923-2455

SALE - APPROVED

Patient Name	CILURSO, VINCENT
Date	10/28/2024
Time	02:57:46 EDT
Card	*****1612
Card Type	visastandardcredit
Cardholder Name	Vincent W Cilurso Jr
Auth. code	02428D
Reference	7f463689-e1da-42ba-859d-e1ef74b8386b

Total \$11.83

Cardholder Copy

IMPORTANT - Please retain for your records