

## ShopADoc The Dentist Marketplace®

### Invoice

Invoice #: 00159-2019

Invoice Date: Saturday, November 23, 2019

Order Date: Saturday, November 23, 2019

Order Number: 1829

Payment Method:

Shipping Method:

**Bill to:**

Mujahid Riaz

350 Peters St. SW

Studio City

Georgia

30313

Description	Qty	Total
Monthly Subscription	1	\$25.98
Vendor:		

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<b>Subtotal:</b>	<b>\$25.98</b>
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<b>Total:</b>	<b>\$25.98</b>
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I authorize ShopADoc® to contact me as needed and permit contact info be provided to auction winner for appointment scheduling. I have read and accept user agreement and privacy policy/HIPAA policy. I certify the x-ray(s) I am uploading have been taken within 30 days of the auction. I authorize \$9.99 be charged to the above card/acct. for payment of ShopADoc® auction fee.

Full Legal Name:

Dated: Saturday, November 23, 2019