ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00139-2019

Invoice Date: Monday, October 28, 2019 Order Date: Monday, October 28, 2019

Order Number: 1727

Payment Method: Credit / Debit Card

Shipping Method:

Bill to: Mujahid Riaz 1 Main St Studio City California 95131

1 er 5:00	\$9.99
8,	

Subtotal: \$9.99

Total: \$9.99

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: Mujahid

Dated: Monday, October 28, 2019