ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00039-2020

Invoice Date: Friday, January 31, 2020 Order Date: Friday, January 31, 2020

Order Number: 2247

Payment Method: Credit / Debit Card

Shipping Method:

Bill to: Mujahid Riaz 350 Peters St. SW Studio City California 30131

Qty	Total
1	\$9.99
Subtotal:	\$9.99
	1

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 Riaz legalname

Dated: Friday, January 31, 2020