

ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00019-2020

Invoice Date: Tuesday, January 14, 2020

Order Date: Tuesday, January 14, 2020

Order Number: 2109

Payment Method: Credit / Debit Card

Shipping Method:

Bill to:

Mujahid Riaz

350 Peters St. SW

Studio City

California

30313

Description	Qty	Total
Monthly Subscription	1	\$25.98
Vendor:		

Subtotal:	\$25.98
------------------	----------------

Total:	\$25.98
---------------	----------------

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: Tuesday, January 14, 2020