

## ShopADoc The Dentist Marketplace®

### Invoice

Invoice #: 00283-2020

Invoice Date: Monday, July 27, 2020

Order Date: Monday, July 27, 2020

Order Number: 3380

Payment Method: Credit / Debit Card

Shipping Method:

**Bill to:**

Mujahid Riaz

350 Peters St. SW

Studio City

California

30313

Description	Qty	Total
Auction Listing Fee Vendor: <ul style="list-style-type: none"><li>• <b>Auction ID:</b> 3378</li><li>• <b>Service:</b> reline upper complete denture</li><li>• <b>Auction Begins:</b> Monday July 27, 2020 @ 8:30 AM PT</li><li>• <b>Auction Ends:</b> Thursday July 30, 2020 @ 1:00 PM PT</li><li>• <b>Flash Bid Cycle® (if needed):</b> Friday July 31, 2020 from 8:30 AM to 10:30 AM PT</li></ul>	1	\$9.99
Auction Listing Fee Vendor: <ul style="list-style-type: none"><li>• <b>Auction ID:</b> 3379</li><li>• <b>Service:</b> mini-implants placement w/ retrofit lower complete denture</li><li>• <b>Auction Begins:</b> Monday July 27, 2020 @ 8:30 AM PT</li><li>• <b>Auction Ends:</b> Thursday July 30, 2020 @ 1:00 PM PT</li><li>• <b>Flash Bid Cycle® (if needed):</b> Friday July 31, 2020 from 8:30 AM to 10:30 AM PT</li></ul>	1	\$9.99
<b>Subtotal:</b>		<b>\$19.98</b>
<b>Total:</b>		<b>\$19.98</b>

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: Monday July 27, 2020