

From:

Company name: Marek Health  
Company phone: +18775722582  
Company email: info@marekhealth.com  
Address: 35 W Huron St, #10000, 48342, Pontiac

Date: 04-08-2023 07:54 PM  
Due date: 04-08-2023 08:04 PM  
Payment processor: Stripe  
Sale status: Payment received

To:

Client name: Adin Geist  
Client phone: +15702591893  
Client email: adingeist@me.com

#	Name	Price	Qty	Tax	Amount
1	Intake Booking (04-09-2023 03:00 PM, 18wvgzs4iw)	\$250.00	1	\$0.00	\$250.00

Total amount: \$250.00