

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** WREB Score Card Request Confirmation  
**Date:** Tue, 23 Jun 2015 21:29:23 +0000

---

### Score Card Request Confirmation

**Thank you for your request!**

Your credit card payment has been approved. Your Verisign Reference ID: AT0PD4AC466B  
Print and keep for your records.

Exams Selected: Dental

Date of Request: 6/23/2015

### Billing Information

**Name at Exam**

Karyna Shuliak

**Current Address**

[REDACTED]

**City/State/Zip**

New York, NY 10065

**Phone Number**

[REDACTED]

**Email Address**

[REDACTED]

**Exam Year**

2015

**Requested Exam Information Is to Be Sent To**

Dental Board of California

**Address To Send To**

[REDACTED]

**Total Payment**

\$130.00

- Success Card..... \$30.00
- Individual Performance Report(detailed numeric scores)..... \$30.00
- California Dental Exam Non-Failure Verification(California Only)..... \$50.00
- California Dental Hygiene Exam History(California Only)..... \$75.00
- LA Licensure (Never Taken WREB) Letter..... \$50.00
- Certificate of Passing..... \$50.00
- Dental Hygiene Summary Profile Sheet(unsuccesful candidates only)..... \$75.00
- Exam Content Explanation(does NOT include scores)..... \$50.00
- Expedited Shipping..... \$50.00

**If you have received this email in error:**

