

From: [REDACTED]
To: [REDACTED]
Subject: WREB Score Card Request Confirmation
Date: Tue, 23 Jun 2015 21:34:46 +0000

Score Card Request Confirmation

Thank you for your request!

Your credit card payment has been approved. Your Verisign Reference ID: AP0PC1B2CAC4
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

[REDACTED]

Phone Number

[REDACTED]

Email Address

[REDACTED]

Exam Year

2015

Requested Exam Information Is to Be Sent To

Karyna Shuliak

Address To Send To

[REDACTED]

Total Payment

\$210.00

- 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(unsucessful 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:

