

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085770

Vendor Name: HF Acquisition Co LLC,DBA Healthfirst

Invoice Number: INV60886741

Invoice Date: 4/13/2023

PO Number: B0000836

Check Number: E0094982

Check Amount: \$ 118.83

Check Date: 05/03/2023

Voucher Number: V0783916

Document Type: AP Invoice

Document Below



Chad Conley
4/19/23

Amount Due \$ 118.83
Invoice: INV60886741
Ship Date: 4/13/2023
Page: 1 of 1

Remit Payment To:

Dept CH 14330
Palatine, IL 60055-4330

Bill To Customer: 3029625

COLL OF DUPAGE-DENTAL HYGIENE
EDWARD ROGER CHAVEZ, DDS
425 FAWELL BLVD RM 1122
GLEN ELLYN, IL 60137
UNITED STATES

Ship To/Sold To Customer: 3029625

COLL OF DUPAGE-DENTAL HYGIENE
425 FAWELL BLVD RM 1122
GLEN ELLYN, IL 60137
UNITED STATES



IMPORTANT NOTICE: A credit cannot be issued for returned prescription drugs or kit orders. Per the FDA compliance policy guidance manual, we cannot warrant drug safety, identity, strength, quality or purity of medications that have left our facility. Therefore, cannot accept any returns. Thank you for your understanding. Please see terms and conditions under www.healthfirst.com/terms-conditions that are incorporated per reference. Customers may have reporting obligations under federal law for any discounts received on purchased items. Please see terms and conditions for more detail on such obligations.

PO Number		Sales Person ID		Shipping Method		Payment Terms		Location		Kit No.	
BD 000836		REFILL		UPS GROUND		NET ON RECEIPT				3030132	
Ordered	Shipped	B/O	Item Number	Description		Lot/Serial		Exp Date		Unit Price	Ext Price
1	1	0	1005760	AUTO-REPLENISHMENT SHIPMENT						98.88	98.88
1	1	0	1005710	DSCSA COMPLIANCE							
1	1	0	1006280	ENVELOPE, RECOVERY UNUSED MEDICATIONS		N/A		05/11/2023			
2	2	0	1007670	ADRENALIN® (EPINEPHRINE INJECTION, USP) 1mg/mL 1:1000 VIAL		59680		07/31/2024			
							Subtotal		98.88		
							Shipping		19.95		
							Sales Tax		0.00		
							DSCSA Fee		0.00		
							Total		118.83		
							Less Amount Rec'd		(0.00)		
							Total Amount Due		118.83		
REPLACEMENT FOR ITEMS EXPIRING IN YOUR EMERGENCY MEDICAL KIT											
State License: 019017516						DEA License: NCS					

TEL: (800)-331-1984 FAX: 425.775.2374
FIN: 27-0535896 DEA: RH0498964
FL permit 23:2371 PHMF: FX.60650635
PHWH: FX.60650206

HF Acquisition Co, LLC
11629 49th PL W
Mukilteo, WA 98275

Email: CustomerService@healthfirst.com
To make payments or to access your
ePedigree, visit:

<https://www.healthfirst.com/ontraq>

R20230413-1

"Conley, Cynthia" <fiskc@cod.edu>

Attached Image

"Conley, Cynthia" <fiskc@cod.edu>

Wed, Apr 19, 2023 at 12:52 PM UTC

CC:

BCC:

1 attachment

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