

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1087487

**Vendor Name:** Patterson Dental

**Check Details:**

**Check Number:** E0108230

**Check Amount:** \$ 1,453.82

**Check Date:** 6/24/2025

**Invoice Details:**

**Invoice Number:** 3036920959

**Invoice Date:** 5/14/2025

**PO Number:** B0002228

**Voucher Number:** V0889654

**Document Type:** AP Invoice

---

**Document Below**

# PATTERSON<sup>®</sup> DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

**Invoice 3036920959**

Date: 2025-05-14  
Reference Number:

Customer P.O.:

Ship From

Chicago (D)

1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Customer #: 0200085769  
Bill Cust #: 0200040696

Telephone: 630-616-8202  
Fax: 630-616-8207

OperadDS  
BD 002228

*Unl only 5/15/25*

Conf. Date	Conf. No.	Product No.	Description	Quantity	Unit	Unit Price	Amount	Tax
		71256171	OPERADDS FORMS + RECALL MO	1.000	EA	\$149.00	149.00	
Payment Terms				Sub Total			\$ 149.00	
Net due 60 days from inv date				Local Tax		0.000 %	\$ 0.00	
Remit Payment to:				State Tax		0.000 %	\$ 0.00	
Patterson Dental Supply, Inc.				Total			\$ 149.00	
28244 Network Place								
Chicago IL 60673-1282								

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter <https://app.tracelink.com/login> into your web browser to access this info. A one-time registration is required. Manual checks may be converted and collected. Safety Data Sheets can be found on the Patterson Website or by going to <https://www.pattersondental.com/sds>

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

---

**Attached Image**

---

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

Thu, May 15, 2025 at 07:59 PM UTC

CC:

BCC:

---

**1 attachment**

1713\_001.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1087487

**Vendor Name:** Patterson Dental

**Check Details:**

**Check Number:** E0108230

**Check Amount:** \$ 1,453.82

**Check Date:** 6/24/2025

**Invoice Details:**

**Invoice Number:** 3037400778

**Invoice Date:** 6/11/2025

**PO Number:** B0002431

**Voucher Number:** V0889902

**Document Type:** AP Invoice

---

**Document Below**

# PATTERSON DENTAL

COLLEGE OF DURAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
Attn Cindy  
GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769

Bill Cust #: 0200040696  
Loyalty Status: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Ship Date : 06-11-2025 6:50:11 PM  
Invoice Date : 06-11-2025  
Customer P.O. : BO002431  
Fulfillment Ctr:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46228-7724  
US

Order #	Pack Slip #	Invoice #
0623657448	8033902641	3037400778

## INVOICE

*Order 6/2/25*

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
-----------	---------	---------	------	--------	-----------	-------------	------------	--------

50126417	2.000	2.000	EA	ADEC	23.1278.00	SYRINGE HEAD KIT, QD, TRAD, WARM WATER	\$ 312.50	\$ 625.00
----------	-------	-------	----	------	------------	--	-----------	-----------

Total	2	2
-------	---	---

Terms of Payment  
Net due 60 days from inv date

Remit Payment to :  
Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago IL 60673-1282

WE continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected. Safety Data Sheets can be found on the Patterson Website or by going to https://www.pattersondental.com/sds

Sub Total	\$ 625.00
Local Tax	0%
State Tax	0%
Total	\$ 625.00

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

---

**Attached Image**

---

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

Thu, Jun 12, 2025 at 01:29 PM UTC

CC:

BCC:

---

**1 attachment**

1875\_001.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1087487

**Vendor Name:** Patterson Dental

**Check Details:**

**Check Number:** E0108230

**Check Amount:** \$ 1,453.82

**Check Date:** 6/24/2025

**Invoice Details:**

**Invoice Number:** 3037400779

**Invoice Date:** 6/11/2025

**PO Number:** B0002431

**Voucher Number:** V0889832

**Document Type:** AP Invoice

---

**Document Below**

# PATTERSON<sup>®</sup> DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
Atn Cindy  
GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769  
Bill Cust #: 0200040696  
Loyalty Status: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Ship Date : 06-11-2025 6:50:11 PM  
Invoice Date : 06-11-2025  
Customer P.O. : BO002431  
Fulfillment Ctr:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

Order #	Pack Slip #	Invoice #
0623657448	8033902641	3037400779

## INVOICE

*Only credit 6/11/25*

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
71030519	2.000	2.000	EA	ADEC	23.1234.00	VALVE ASSY KIT PENCIL SOFT AUTOMATIC	\$ 41.86	\$ 83.72
71030709	2.000	2.000	EA	ADEC	23.1112.00	SYR TIP RETAINER ASSY SMOOTH	\$ 26.06	\$ 52.12
71366301	2.000	2.000	EA	ADEC	90.1768.01	WATER BOTTLE REPL	\$ 197.49	\$ 394.98

Total 6 6

Terms of Payment  
Net due 60 days from inv date  
Remit Payment to :  
Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago IL 60673-1282

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review. If any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions, Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter <https://app.tracelink.com/login> into your web browser to access this info. A one-time registration is required. Manual checks may be converted and collected. Safety Data Sheets can be found on the Patterson Website or by going to <https://www.pattersondental.com/sds>

Sub Total	\$ 530.82
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 11.99
Discount	\$ 11.99-

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

---

**Attached Image**

---

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

Thu, Jun 12, 2025 at 01:29 PM UTC

CC:

BCC:

---

**1 attachment**

1876\_001.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1087487

**Vendor Name:** Patterson Dental

**Check Details:**

**Check Number:** E0108230

**Check Amount:** \$ 1,453.82

**Check Date:** 6/24/2025

**Invoice Details:**

**Invoice Number:** 3037371697

**Invoice Date:** 6/11/2025

**PO Number:** B0002228

**Voucher Number:** V0891067

**Document Type:** AP Invoice

---

**Document Below**

Copy sent 6/12/25

# PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

## Invoice 3037371697

Date: 2025-06-11  
Reference Number:  
Customer P.O.: OperadDS  
Ship From: Chicago (D)  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60491-4005  
US

*BD 002228*

Customer #: 0200085769  
Bill Cust #: 0200040696

Telephone: 630-616-8202  
Fax: 630-616-8207

Conf. Date	Conf. No.	Product No.	Description	Quantity	Unit	Unit Price	Amount	Tax
		71266171	OPERADDS FORMS + RECALL MO	1.000	EA	\$149.00	149.00	
Payment Terms				Sub Total			\$ 149.00	
Net due 60 days from inv date				Local Tax		0.000 %	\$ 0.00	
Remit Payment to:				State Tax		0.000 %	\$ 0.00	
Patterson Dental Supply, Inc.				Total			\$ 149.00	
28244 Network Place								
Chicago IL 60673-1282								

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicaid, Medicare, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter <https://app.tracelink.com/login> into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected. Safety Data Sheets can be found on the Patterson Website or by going to <https://www.pattersondental.com/sds>

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

---

**Attached Image**

---

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

Thu, Jun 12, 2025 at 01:29 PM UTC

CC:

BCC:

---

**1 attachment**

1877\_001.pdf