

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085770

Vendor Name: HF Acquisition Co LLC,DBA Healthfirst

Invoice Number: INV60735305

Invoice Date: 4/13/2022

PO Number: B0000395

Check Number: E0089780

Check Amount: \$ 442.78

Check Date: 05/25/2022

Voucher Number: V0739115

Document Type: AP Invoice

Document Below



Remit Payment To:
Dept CH 14330
Palatine, IL 60055-4330

****REPRINT****

Invoice INV60735305
Ship Date 4/13/2022
Amount Due: \$ 442.78
Page 1 of 1

Curly Andy
5/6/22

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		Salesperson ID	Shipping Method	Payment Terms	Location	Kit No.		
B0 000395		REFILL	UPS GROUND	NET ON RECEIPT		3030132		
Invoice	Billed	B/O	Item Number	Description	Lot/Serial	Exp date	Unit Price	Ext Price
1	1	0	1005760	AUTO-REPLENISHMENT SHIPMENT			424.83	424.83
2	2	0	1000200	DIPHENHYDRAMINE HCL INJECTION, USP 50mg/mL 1mL VIAL	022016	02/29/2024	0.00	0.00
1	1	0	1000700	VENTOLIN® HFA (ALBUTEROL SULFATE) 90mcg BOXED	CD8C	10/31/2023	0.00	0.00
1	1	0	1005710	DSCSA COMPLIANCE			0.00	0.00
1	1	0	1006280	ENVELOPE, RECOVERY UNUSED MEDICATIONS	N/A	05/11/2022	0.00	0.00
1	1	0	1014290	NITROGLYCERIN LINGUAL SPRAY 400 mcg PER SPRAY 60 METERED SPRAYS	276171	11/30/2023	0.00	0.00

REPLACEMENT FOR ITEMS EXPIRING IN YOUR EMERGENCY MEDICAL KIT						Subtotal	424.83
						Shipping	17.95
						Sales Tax	0.00
						DSCSA Fee	0.00
						Total	442.78
						Less Amount Rec'd	(0.00)
						Total Amount Due	442.78

EDWARD ROGER CHAVEZ, DDS

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

R20220413-1

Email: CustomerService@healthfirst.com

To make payments or to access your
ePedigree, visit:

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

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

Attached Image

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

Fri, May 6, 2022 at 05:00 PM GMT

CC:

BCC:

1 attachment

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