

# mooremedical

Supporting Health & Care

INVOICE

10425

1210=370 John Downey Drive, New Britain, CT. 06051  
1270=8100 Westside Industrial Drive, Bldg 4, Jacksonville, Fla. 32219  
1250=7950 West Doe Avenue, Visalia, CA. 93291  
1220=495 Woodcreek Drive, Bolingbrook, IL. 60440

Fm 101548

PO Box 4066  
Farmington, CT 06032-4066  
www.mooremedical.com  
800-234-1464

OK  
5/24/10

|             |               |              |
|-------------|---------------|--------------|
| Invoice #   | Invoice Total | Invoice Date |
| 96192482 RI | 100.00        | 04/20/10     |
| Customer#   | Customer PO#  | Order #      |
| 2075100     | 43783         | 14982261     |
| Order Date  | Due Date      | Terms        |
| 02/17/10    | 05/20/10      | NET 30 DAYS  |

Florida drug wholesaler  
license #: 221477

Ship To: 21356100

Missouri City Annex  
Clinical Health Svcs Suite 148  
307 Texax Pkwy  
MISSOURI CITY TX 77489

#BWNNFWW  
#020 7510 09#  
Fort Bend County Auditor  
ATTN: Christina Torres  
301 Jackson St  
RICHMOND TX 77469-3108

PO # 43783  
R+ 106669

9619248202075100000100005

Send Payment To: Moore Medical, LLC PO Box 99718 Chicago, IL 60696

Please Detach Here And Return With Your Remittance

Page 1

| Item # | UM | Description               | Qty<br>Ord | Qty<br>Ship | Itm<br>Sts | Unit<br>Price      | Extension | Disc.<br>Amt | T<br>X | Ship<br>From |
|--------|----|---------------------------|------------|-------------|------------|--------------------|-----------|--------------|--------|--------------|
| 45873  | EA | Pulmo-Aide 5650-D<br>EA 1 | 1          | 1           | P          | 100.0000<br>Per EA | 100.00    |              |        | 1270         |



The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees in the included prices upon request.

|          |              |               |
|----------|--------------|---------------|
| Bill To  | Invoice #    | Invoice Total |
| 2075100  | 96192482 RI  | 100.00        |
| Ship To  | Invoice Date | Customer PO#  |
| 21356100 | 04/20/10     | 43783         |
|          |              | Order #       |
|          |              | 14982261      |

Subtotal 100.00  
Handling Charge .00  
ShipOnIce/Hazmat .00  
Freight .00  
Tax .00  
Restock Fee .00  
Fuel surcharge .00

Total

100.00

Item Status Key:  
B-Backordered; Item will follow  
I-Promotion  
M-Manufacturer will ship item directly  
P-Special price

On This Invoice You Have Saved

22.00

Late Payments are subject to a 1.5% finance charge.

Moore DEA# RM0316693

For your convenience, Moore Medical accepts Mastercard, VISA & American Express.