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Attorneys for Medline Industries, Inc.

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X

In re

Chapter 11

Sound Shore Medical Center of Westchester,
et al.,¹

Case No. 13-22840 (RDD)

Debtors.

Jointly Administered

-----X

**MOTION OF MEDLINE INDUSTRIES, INC. FOR ALLOWANCE AND
PAYMENT OF ADMINISTRATIVE EXPENSE CLAIM UNDER 11 U.S.C. § 503(b)(9)**

Medline Industries, Inc. (“Medline”), by and through its undersigned counsel, hereby files this motion (the “Motion”) for an order (i) allowing Medline’s Section 503(b)(9) administrative expense claim (the “503(b)(9) Claim”) and (ii) directing the Debtors to pay Medline’s 503(b)(9) Claim, pursuant to 11 U.S.C. § 503(b)(9). In support of this Motion, Medline respectfully represents as follows:

JURISDICTION

1. This Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(A) and (B), and the statutory

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, include: Sound Shore Medical Center of Westchester (0117); Howe Avenue Nursing Home, d/b/a Michael Schaffer Extended Care Center (0781); New Rochelle Sound Shore Housing, LLC (0117); NRHMC Services Corporation (9137); The M.V.H. Corporation (1514); The Mount Vernon Hospital, Inc. (0115); Sound Shore Health System, Inc. (1398). The principle address for the parent Debtor: Sound Shore Medical Center of Westchester is: 16 Guion Place, New Rochelle, New York 10802.

basis for the relief requested herein is 11 U.S.C. § 503. Venue is proper in this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

BACKGROUND

2. On May 29, 2013 (the “Petition Date”), the Debtors filed voluntary petitions for relief under Chapter 11 of Title 11 of the United States Code (the “Bankruptcy Code”). The Debtors remain in possession of their assets and continue to manage their businesses as debtors in possession pursuant to Sections 1107 and 1108 of the Bankruptcy Code.

3. Medline supplied various medical goods and products to the Debtors in the ordinary course of business prior to the Petition Date. Goods worth \$316,043.29 were, in the ordinary course of business, sold to and received by the Debtors during the twenty (20) days prior to the Petition Date, when the Debtors were insolvent, and for which Medline has not received payment (the “503(b)(9) Goods”).

4. Upon information and belief, the Debtors continue to operate their businesses post-petition, have used the 503(b)(9) Goods in the ordinary course of business, and have generated revenue. Despite generating post-petition revenue, the Debtors have not paid for the 503(b)(9) Goods.

5. True and correct copies of supporting documentation of the unpaid charges for the 503(b)(9) Goods are attached hereto as **Exhibit A**.

RELIEF REQUESTED

6. By this Request, Medline seeks (i) allowance of Medline’s administrative expense claim pursuant to Section 503(b)(9) in the amount of \$316,043.29, and (ii) direction that the

Debtors pay the 503(b)(9) Claim to Medline immediately, or as soon as practicable, pursuant to 11 U.S.C. § 503(b)(9).²

ARGUMENT

7. Medline is entitled to the allowance and payment of its 503(b)(9) Claim pursuant to Section 503(b)(9) of the Bankruptcy Code, which provides that:

After notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under § 502(f) of this title, including . . . the value of any goods received by the debtor within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business.

11 U.S.C. § 503(b)(9). As identified in Exhibit A, the Debtors received the 503(b)(9) Goods sold and delivered by Medline in the ordinary course of business within 20 days before the Petition Date, and Medline is therefore entitled to an allowed 503(b)(9) Claim pursuant to Section 503(b)(9) of the Bankruptcy Code. Further, Medline's 503(b)(9) Claim is entitled to priority, pursuant to section 507(a)(2) of the Bankruptcy Code.

8. Under section 503(b)(9), this Court may require the Debtors to make an immediate payment of Medline's 503(b)(9) Claim. *See In re Photo Promotion Assocs., Inc.*, 881 F.2d 6, 8–9 (2d Cir. 1989) (stating that bankruptcy court has “broad discretion” in applying section 503(b)); *In re Dakota Indus., Inc.*, 31 B.R. 23, 26 (D.S.D. 1983) (“There is no restriction on the debtor's paying administrative claims prior to confirmation of the plan in a Chapter 11 case”); *In re Isis Foods, Inc.*, 27 B.R. 156, 157–58 (W.D. Mo. 1982) (affirming bankruptcy court's order authorizing payment of administrative expenses by debtor before effective date of chapter 11 plan).

² Medline reserves all rights, including the rights to amend the amount of the 503(b)(9) Claim and to request additional amounts owing. If there is a difference between the amount of the 503(b)(9) Claim and the corresponding amount in the Debtors' books and records, Medline will attempt to address such difference with the Debtors in an effort to fix the amount of the 503(b)(9) Claim.

9. Medline respectfully submits that immediate payment by the Debtors of the 503(b)(9) Claim is appropriate. Section 503(b)(9) helps troubled companies to continue their operations by assuring suppliers that they will be paid promptly and in full in the event of bankruptcy. The Debtors here continue to operate their businesses and generate revenue post-petition, have used the 503(b)(9) Goods in the ordinary course of business, and yet have not paid for the 503(b)(9) Goods. Immediate payment of the 503(b)(9) Claim is consistent with the purpose and the letter of Section 503(b)(9) of the Bankruptcy Code, and should be approved.

NOTICE

10. Notice has been provided to (a) counsel to the Debtors, (b) the office of the United States Trustee, and (c) all parties who have requested and are receiving notices through the Bankruptcy Court's electronic filing system. In light of the nature of the relief requested herein, Medline submits that no other or further notice is required.

NO PRIOR REQUEST

11. No previous motion for the relief sought herein has been made to this or to any other court.

CONCLUSION

12. Medline respectfully requests that this Court enter an order (i) allowing the 503(b)(9) Claim as set forth herein; (ii) directing the Debtors to immediately pay Medline the full amount of the 503(b)(9) Claim; and (iii) for such other and further relief as is proper and just.

Dated: New York, New York
July 9, 2013

ARENT FOX LLP
Attorneys for Medline Industries, Inc.

By: /s/ Robert M. Hirsh
Robert M. Hirsh, Esq.
David J. Kozlowski, Esq.
1675 Broadway
New York, NY 10019
(212) 484-3900

EXHIBIT A - PART 1



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176810	05/10/2013	1063745393

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	FEDEX GROUND	MEDLINE	1084466	USD	\$335.60

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	3.00	CS	3.00	HUD1690 /CANNULA,NASAL,CPAP,INFANT	TE,C	853476847	108.25	324.74
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Subtotal

Freight:	10.86	Tax:	0.00	324.74
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
324.74	0.00	10.86	\$335.60

Eligible Gross Amount \$324.74

Discount amount \$6.49 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745393
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$335.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176624	05/10/2013	1063745394

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680618743	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$106.90

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	2.00	BX	2.00	PDC505014PDM	TE	853477982	53.45	106.90
				PDC505014PDM /BAND,ID,WRITE-ON,TRI-LAM,SNAP,YELLOW				

Subtotal	Freight:	0.00	Tax:	0.00	106.90
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
106.90	0.00	0.00	\$106.90

Eligible Gross Amount \$106.90

Discount amount \$2.14 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745394
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$106.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176597	05/10/2013	1063745395

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON INVENTORY
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680613228	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$830.93

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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270	6.00	CS	6.00	KDL3606	TE	853482411	138.49	830.93
				0142200 /DRESSING,WET,ISOTONIC SALINE,8X4,2/PK				

^0142200

Subtotal 999

Freight:	0.00	Tax:	0.00	830.93
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
830.93	0.00	0.00	\$830.93

Eligible Gross Amount \$830.93

Discount amount \$16.62 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745395
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$830.93

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176597	05/10/2013	1063745396

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680613228	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$79.11

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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430	5.00	BX	5.00	MLK86055	TE	853483468	15.82	79.11
				804800 /TUBE,ENDOTRACH,LO-PRO,MURPHY,9.0 MM				

Subtotal

Freight:	0.00	Tax:	0.00	79.11
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
79.11	0.00	0.00	\$79.11

Eligible Gross Amount \$79.11

Discount amount \$1.58 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745396
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$79.11

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/10/2013	1063745397

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$483.00

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	10.00	PK	10.00	SMI1507232	TE	853485314	48.30	483.00
SMI1507232 /AIRWAY,NASOPHARYNGEAL,ADJ FLG,32 FR,LF								

Subtotal

Freight:	0.00	Tax:	0.00	483.00
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
483.00	0.00	0.00	\$483.00

Eligible Gross Amount \$483.00

Discount amount \$9.66 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745397
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$483.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176911	05/10/2013	1063745398

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703071	FEDEX GROUND	CUSTOMER	1084466	USD	\$70.23

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	BX	2.00	SGECT01921Z /GLOVE,CHEMOPLUS,LATEX,18MIL,MD	TE	853493595	30.16	60.32
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Subtotal

Freight:	9.91	Tax:	0.00	60.32
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
60.32	0.00	9.91	\$70.23

Eligible Gross Amount \$60.32

Discount amount \$1.21 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745398
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$70.23

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702385	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$9,123.56

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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260	6.00	BX	6.00	OMMAT0704Z	TE	853494652	28.00	168.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				

521400

HCPCS Code #: A4259

Subtotal 500

Freight:	0.00	Tax:	0.00	168.00
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10	2.00	CS	2.00	NON25416	TE	853494652	69.80	139.60
				600400 /GAUZE,SPONGE,4"X4",16PLY,WOVEN,NS,LF				

600400

HCPCS Code #: A6216

Subtotal 400

Freight:	0.00	Tax:	0.00	139.60
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270	6.00	CS	6.00	NON27381	TE	853494652	22.03	132.18
				601200 /MASK,FACE,BLUE,CONE STYLE,1 BAND,LF				

601200

Subtotal 300

Freight:	0.00	Tax:	0.00	132.18
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CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745399
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$9,123.56

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	3.00	CS	3.00	DYND80235S 702600 /URINAL,MALE,SUPREME	TE	853494652	15.18	45.54
30	2.00	CS	2.00	NON21453 307200 /PAD,ABDOMINAL,8"X7.5",STERILE,LF,1/PK	TE	853494652	22.72	45.44
HCPCS Code #: A6253								
40	50.00	CS	50.00	CUR9225 313100 /GLOVE,EXAM,STRETCH VINYL,M	TE	853494652	47.52	2,376.00
50	3.00	CS	3.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853494652	16.50	49.50
60	5.00	CS	5.00	NON042001 201600 /TEASPOON,PLASTIC,WHITE,BULK	TE	853494652	8.99	44.95
70	1.00	CS	1.00	DYND80000 205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ	TE	853494652	26.94	26.94
80	3.00	CS	3.00	MSC095020 419000 /SHAMPOO,BABY/ADULT,4 OZ	TE	853494652	34.53	103.59
90	3.00	CS	3.00	DYND10500 306300 /TRAY,URETHRAL,CATHETER,VINYL,14FR	TE	853494652	33.91	101.73
HCPCS Code #: A4353								
110	1.00	CS	1.00	BRD0038460 305400 /SYRINGE,TOOMEY,70CC -ORDR QTY 50	TE	853494652	77.50	77.50
120	2.00	CS	2.00	NPKB10800 606800 /PAD,PREP,CHLORASCUB,1ML	TE	853494652	106.90	213.80
130	4.00	CS	4.00	MDS090735 MDS090735 /PAD,PREP,ALCOHOL,STERILE,MEDIUM,2-PLY	TE	853494652	26.00	104.00
HCPCS Code #: A4245								
140	2.00	CS	2.00	DYND50216 601800 /TUBING,SUCTION,CONNECTING,3/16"X6',STRL	TE	853494652	22.54	45.08
HCPCS Code #: A7002								
150	4.00	BX	4.00	EXG128800 0174900 /COVER,THERM,EAR,DISP,PROBE WRAP,LTX	TE	853494652	88.73	354.91
160	2.00	CS	2.00	SWD850558 406600 /NEEDLE,SAFETY,25G X 5/8",MAGELLAN	TE	853494652	86.93	173.86
HCPCS Code #: A4215								
170	4.00	CS	4.00	B-D367342 409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"	TE	853494652	267.25	1,069.00
180	4.00	CS	4.00	SWD300777CS 408700 /SYRINGE,3 CC,LL,SOFT PACK	TE	853494652	29.53	118.10
HCPCS Code #: A4210								
190	4.00	CS	4.00	CLH49100 201400 /DEODORIZER,GERMICIDAL,CITRACE,14 OZ	TE	853494652	72.97	291.88
200	1.00	CS	1.00	MDS057006 301700 /BANDAGE,ELASTIC,SURE-WRAP,6"X5YD,WHITE	TE	853494652	34.00	34.00
HCPCS Code #: A4649								



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
210	1.00	CS	1.00	DYND44140 303500 /TRAP,MUCUS SPECIMEN,40CC	TE	853494652	51.16	51.16
220	1.00	CS	1.00	BRN1313 305700 /RAZOR,TWIN BLADE,BLUE	TE	853494652	53.78	53.78
230	2.00	CS	2.00	NON70500 307300 /PACK,SHROUD,ADULT,54"X108"	TE	853494652	48.44	96.88
240	12.00	CS	12.00	DYND75020 307000 /TOURNIQUET,1"X18",BLUE,LF,ROLLED	TE	853494652	28.85	346.20
250	1.00	CS	1.00	KDL7831 308400 /GAUZE,PACKING STRIP,IODOFORM,1/4"	TE	853494652	36.56	36.56
HCPCS Code #: A6266								
280	3.00	GR	3.00	MDS136000 602500 /TOOTHBRUSH,INDIVIDUALLY WRAPPED,30 TUFT	TE	853494652	8.83	26.49
290	2.00	GR	2.00	MDS137007 602600 /COMB,BLACK,7"	TE	853494652	6.67	13.34
300	2.00	CS	2.00	MMM15272 606200 /TAPE,SURGICAL,TRANSPORE,2"X10YD	TE	853494652	74.83	149.66
HCPCS Code #: A4452								
310	1.00	CS	1.00	MMM132224MM 606700 /TAPE,INDICATOR,STEAM,LEAD FREE,1322,24MM	TE	853494652	76.97	76.97
320	1.00	CS	1.00	KDL2500SA 607800 /CONTAINER,SPECIMEN,COMMODE ONE	TE	853494652	56.89	56.89
HCPCS Code #: A9270								
330	10.00	CS	10.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25	TE	853494652	235.22	2,352.23
340	1.00	CS	1.00	DYND80327 800200 /BASIN,EMESIS,GRAPHITE,500ML	TE	853494652	16.61	16.61
350	3.00	CS	3.00	DYND20102 801500 /TRAY,IRRIGATION,BULB SYRINGE,60ML,STRL	TE	853494652	19.10	57.30
HCPCS Code #: A4320								
360	3.00	BX	3.00	USU150462 802600 /REMOVER,STAPLE,SKIN,PREMIUM,SINGLE USE	TE	853494652	24.63	73.89
Subtotal								
			Freight:	0.00	Tax:	0.00	8683.78	

GROSS	TAX AMOUNT	FREIGHT	TOTAL
9,123.56	0.00	0.00	\$9,123.56

Eligible Gross Amount \$9,123.56
Discount amount \$182.47 if recd. by 06/09/13

*Code
TE - Tax Exempt
C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176908	05/10/2013	1063745400

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702488	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$87.58

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	MDT2168204	TE	853494654	43.79	87.58
MDT2168204 /TOWEL,OR,DSP,ST,BLUE,DLX,4/PK,20PK/CS								

Subtotal

Freight:	0.00	Tax:	0.00	87.58
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
87.58	0.00	0.00	\$87.58

Eligible Gross Amount \$87.58

Discount amount \$1.75 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745400
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$87.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176910	05/10/2013	1063745401

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702736	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$943.39

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	CS	5.00	SGE9707CS 200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS	TE	853494658	188.68	943.39
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Subtotal

Freight:	0.00	Tax:	0.00	943.39
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
943.39	0.00	0.00	\$943.39

Eligible Gross Amount \$943.39

Discount amount \$18.87 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745401
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$943.39

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176913	05/10/2013	1063745402

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703825	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$165.00

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	3.00	DYND15207 309400 /BAG,DRAINAGE,ANTI-REFLUX DEVICE,2000ML	TE	853496099	55.00	165.00
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HCPCS Code #: A4357

Subtotal

Freight:	0.00	Tax:	0.00	165.00
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
165.00	0.00	0.00	\$165.00

Eligible Gross Amount \$165.00

Discount amount \$3.30 if recd. by 06/09/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063745402
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$165.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176915	05/10/2013	1063745403

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228014		MEDLINE	1084466	USD	\$51,981.66

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	BX	3.00	ETHB12LT ETHB12LT /TROCAR, BLADELESS, OBTUR, OPTICAL, 12/100MM	TE	853500772	1,249.94	3,749.82
20	4.00	CS	4.00	NONFB100 NONFB100 /KIT, ANTI FOG, W/SPONGE & FLUID, SOFT PACK	TE	853500772	26.36	105.44
30	2.00	BX	2.00	USU020730 USU020730 /STAPLER, INTERNAL, PURSTRING, 45MM, SS, DISP	TE	853500772	215.80	431.60
40	2.00	BX	2.00	USU030449 USU030449 /STAPLER, ENDO GIA UNIVER, INTRNL, 30/45/60	TE	853500772	301.17	602.34
50	1.00	BX	1.00	USU030451 USU030451 /STAPLER, ENDO GIA UNIVERSL, 30-2.5, TITANUM	TE	853500772	859.73	859.73
60	4.00	BX	4.00	USU030455 USU030455 /STAPLER, ENDO GIA UNIVERSL, 45-3.5, TITANUM	TE	853500772	982.50	3,929.99
70	2.00	BX	2.00	USU030456 USU030456 /STAPLER, ENDO GIA UNIVERSL, 45-4.8, TITANUM	TE	853500772	1,031.69	2,063.38
80	8.00	BX	8.00	USU030458 USU030458 /STAPLER, ENDO GIA UNIVERSL, 60-3.5, TITANUM	TE	853500772	1,223.73	9,789.82

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063745403
Invoice Date 05/10/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$51,981.66

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176915	05/10/2013	1063745403

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
90	4.00	BX	4.00	USU030459	TE	853500772	1,284.85	5,139.41
				USU030459 /STAPLER,ENDO GIA UNIVERSL,60-4.8,TITANUM				
100	1.00	BX	1.00	USU059037	TE	853500772	112.95	112.95
				USU059037 /STAPLER,SKIN,MULTIFIRE PREMIUM,35 WIDE				
110	2.00	BX	2.00	USU134031	TE	853500772	359.57	719.14
				USU134031 /APPLIER,CLIP,SURGICLIP,M-11.5,AUTO,BLUE				
120	4.00	BX	4.00	USU172015	TE	853500772	170.61	682.45
				USU172015 /NEEDLE,SURGINEEDLE, 120MM INSTRUMENT				
130	4.00	BX	4.00	USU173019	TE	853500772	83.64	334.55
				USU173019 /DEVICE,ENDOSCOPIC,PEANUT,5MM,3/PK				
140	3.00	BX	3.00	USU173049	TE	853500772	327.66	982.98
				USU173049 /RETRIEVER,ENDO-CATCH,II 15MM				
150	4.00	BX	4.00	USU176643	TE	853500772	375.99	1,503.95
				USU176643 /SHEARS,ENDOSCOPIC,5MM				
160	5.00	BX	5.00	USU176657	TE	853500772	512.80	2,564.00
				USU176657 /APPLIER,CLIP,ENDO CLIP II,10MM,TITANIUM				
170	20.00	BX	20.00	USU179075	TE	853500772	167.12	3,342.34
				USU179075 /TROCAR,BLUNTPORT,DISP,5MM-12MM				
180	40.00	BX	40.00	USU179093F	TE	853500772	88.83	3,553.36
				USU179093F /TROCAR,VERSAPORT V2,FIX-CANNULA,SHRT,5MM				
190	2.00	BX	2.00	USUEEAXL2535	TE	853500772	1,150.51	2,301.02
				USUEEAXL2535 /STAPLER,DST SERIES EEA XL,25MM,WHITE,3.5				
200	5.00	BX	5.00	USUEGIAUNIVXL	TE	853500772	481.88	2,409.42
				USUEGIAUNIVXL /STAPLER,ENDO GIA UNIVERSAL,XL,SNGL USE				
210	2.00	CS	2.00	USULF1537	TE	853500772	3,401.99	6,803.97
				USULF1537 /LIGASURE,5MM				

Subtotal

Freight:

0.00

Tax:

0.00

51981.66

GROSS
51,981.66

TAX AMOUNT
0.00

FREIGHT
0.00

TOTAL
\$51,981.66

Eligible Gross Amount \$51,981.66

Discount amount \$1039.63 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/10/2013	1063747964

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	VENDOR	MEDLINE	1084466	USD	\$101.64

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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280	2.00	EA	2.00	MDG1141956	TE		50.82	101.64
				MDG1141956 /HOOK, GRAHAM, 8LUNT, NERVE, 1/8", 7"				

Subtotal

Freight:	0.00	Tax:	0.00	101.64
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.64	0.00	0.00	\$101.64

Eligible Gross Amount \$101.64

Discount amount \$2.03 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063747964
Invoice Date	05/10/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$101.64

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176895	05/11/2013	1063777793

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432205355	MEDTRANS	MEDLINE	1084466	USD	\$814.86

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	BX	2.00	ETHDHFV12	TE	853457655	407.43	814.86
				ETHDHFV12 /ADHESIVE,SKIN,DERMABOND,.5ML,DOME TIP				

Subtotal

Freight:	0.00	Tax:	0.00	814.86
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
814.86	0.00	0.00	\$814.86

Eligible Gross Amount \$814.86

Discount amount \$16.30 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777793
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$814.86

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176894	05/11/2013	1063777794

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680695972	MEDTRANS	CUSTOMER	1084466	USD	\$368.32

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	NON28625	TE	853459237	70.20	140.40
				NON28625 /CAP,SURGEON,SCRIM,TIE		BACK,BLUE		
30	3.00	CS	3.00	MCK2002S	TE	853459237	75.97	227.92
				MCK2002S /DECANTER BAG 9IN				

Subtotal

Freight:	0.00	Tax:	0.00	368.32
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
368.32	0.00	0.00	\$368.32

Eligible Gross Amount \$368.32

Discount amount \$7.37 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777794
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$368.32

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR175732	05/11/2013	1063777795

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680337584	MEDTRANS	CUSTOMER	1084466	USD	\$85.60

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	EA	3.00	PTX512060	TE	853480009	25.44	76.33
/TUBE,TRACH,UNCUFFED,FENESTRATED,6.0MM								

Subtotal

Freight:	9.27	Tax:	0.00	76.33
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
76.33	0.00	9.27	\$85.60

Eligible Gross Amount \$76.33

Discount amount \$1.53 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777795
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$85.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176520	05/11/2013	1063777796

Sold To:

SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:

SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680594561	MEDTRANS	CUSTOMER	1084466	USD	\$225.00

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	CS	2.00	BXTDIN1518X	TE	853482408	96.43	192.85
				BXTDIN1518X /NDL,18GA ADG LGTH,BONE,MARROW ILL/ASP				

Subtotal

Freight:	32.15	Tax:	0.00	192.85
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
192.85	0.00	32.15	\$225.00

Eligible Gross Amount \$192.85

Discount amount \$3.86 if recd. by 06/10/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE**Bill To:**

SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777796
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$225.00

Remit To:

Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176520	05/11/2013	1063777797

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680594561	MEDTRANS	CUSTOMER	1084466	USD	\$225.30

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	BXTDIN1515X	TE	853484391	92.04	184.08
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BXTDIN1515X /NEEDLE,15GA ADJ LGTH,BONE, MARROW,

Subtotal

Freight:	41.22	Tax:	0.00	184.08
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
184.08	0.00	41.22	\$225.30

Eligible Gross Amount \$184.08

Discount amount \$3.68 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777797
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$225.30

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176768	05/11/2013	1063777798

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680660057	MEDTRANS	MEDLINE	1084466	USD	\$361.32

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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140	4.00	CS	4.00	SGE7943 200100 /CLOTH,BATH,DEODORANT	TE	853485249	90.33	361.32
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Subtotal

Freight:	0.00	Tax:	0.00	361.32
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
361.32	0.00	0.00	\$361.32

Eligible Gross Amount \$361.32

Discount amount \$7.23 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777798
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$361.32

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176909	05/11/2013	1063777801

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702729	MEDTRANS	MEDLINE	1084466	USD	\$6,845.63

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	3.00	CS	3.00	DYNJP2498 102200 /SHEET, DRAPE, SPLIT, STERILE	TE	853494656	51.70	155.10
Subtotal 200								
		Freight:	0.00	Tax:		0.00		155.10
10	2.00	CS	2.00	DYNJAA4836A 130100 /CIRCUIT,ANESTHESIA,ADULT	TE	853494656	100.00	200.00
30	1.00	CS	1.00	DYNJP2416 102500 /DRAPE,REIN 53X77,STERILE	TE	853494656	50.09	50.09
40	2.00	CS	2.00	DYNJP3009 102900 /DRAPE,LAPAROTOMY,T,PEDI,STERILE	TE	853494656	64.38	128.76
50	2.00	CS	2.00	DYNJP5020A DYNJP5020A /PACK,CYSTOSCOPY,PK III,AURORA	TE	853494656	69.53	139.06
60	3.00	CS	3.00	DYNJ24994C 104400 /BASIC PACK-LF	TE	853494656	348.72	1,046.16
70	2.00	CS	2.00	MDS251518RNG 104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK	TE	853494656	64.99	129.98

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063777801
Invoice Date 05/11/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$6,845.63

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176909	05/11/2013	1063777801

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
80	1.00	CS	1.00	DYNJP2707 107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL	TE	853494656	84.86	84.86
90	2.00	CS	2.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853494656	635.20	1,270.40
100	3.00	CS	3.00	MDS8085 609500 /GLOVE,EXAM,NITRILE,PF,LF,MD	TE	853494656	72.93	218.79
110	4.00	CS	4.00	MDS8086 609600 /GLOVE,EXAM,NITRILE,PF,LF,LG	TE	853494656	72.93	291.72
120	30.00	CS	30.00	CUR9225 313100 /GLOVE,EXAM,STRETCH VINYL,M	TE	853494656	47.52	1,425.60
130	20.00	CS	20.00	CUR9226 CUR9226 /GLOVE,EXAM,STRETCH VINYL,L	TE	853494656	47.52	950.40
140	4.00	CS	4.00	SGE9707CS 200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS	TE	853494656	188.68	754.71
Subtotal								
Freight:				0.00	Tax:	0.00		6690.53

GROSS	TAX AMOUNT	FREIGHT	TOTAL
6,845.63	0.00	0.00	\$6,845.63

Eligible Gross Amount \$6,845.63
Discount amount \$136.91 if recd. by 06/10/13

*Code
TE - Tax Exempt
C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176920	05/11/2013	1063777802

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228243	FEDEX GROUND	CUSTOMER	1084466	USD	\$740.73

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	PK	1.00	SKR0700001026 /CLEANER,DOCKING,NEPTUNE 2	TE	853506606	462.36	462.36
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Subtotal								
	Freight:	278.37		Tax:	0.00			462.36

GROSS	TAX AMOUNT	FREIGHT	TOTAL
462.36	0.00	278.37	\$740.73

Eligible Gross Amount \$462.36

Discount amount \$9.25 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063777802
Invoice Date 05/11/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$740.73

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/11/2013	1063777803

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709898	FEDEX GROUND	MEDLINE	1084466	USD	\$55.45

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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260	1.00	BX	1.00	MPP100558GSZ 808000 /POUCH,STERILIZATION,SELF-SEAL,12" X 18"	TE,C	853528529	44.57	44.57
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Subtotal								
	Freight:		10.88		Tax:	0.00		44.57

GROSS	TAX AMOUNT	FREIGHT	TOTAL
44.57	0.00	10.88	\$55.45

Eligible Gross Amount \$44.57

Discount amount \$0.89 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777803
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$55.45

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/11/2013	1063777804

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	FEDEX GROUND	MEDLINE	1084466	USD	\$6,744.62

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	BAR5733730CS	TE,C	853536385	3,367.73	6,735.46
				BAR5733730CS /KIT,CATHETER,HEMOSPLIT,STRAIGHT,14.5FR				

Subtotal

Freight:	9.16	Tax:	0.00	6735.46
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
6,735.46	0.00	9.16	\$6,744.62

Eligible Gross Amount \$6,735.46

Discount amount \$134.71 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063777804
Invoice Date	05/11/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$6,744.62

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176904	05/11/2013	1063779975

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON OR
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702376	NONE PROVIDED	MEDLINE	1084466	USD	\$774.54

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	BRD0172L18	TE,C		373.04	746.08
				BRD0172L18 /CATHETER, COUNCIL TIP	5CC	18FR		

Subtotal **746.08**

Frt/Handlg: 3.46 **Tax:** 0.00 **746.08**

Additional charges which have been added into the freight/handling total on this invoice

Drop ship fee 25.00

GROSS	TAX AMOUNT	FREIGHT/HANDLING	TOTAL
746.08	0.00	28.46	\$774.54

Eligible Gross Amount \$746.08

Discount amount \$14.92 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063779975
Invoice Date 05/11/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$774.54

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176525	05/13/2013	1063784883

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON MISCELLANEOUS
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680595093	MEDTRANS	MEDLINE	1084466	USD	\$410.30

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	3.00	CS	1.00	UTD59480300	TE	853511559	410.30	410.30
UTD59480300 /DRESSING,ALGINATE,CALCIUM,ALGISITE,6"X8"								

HCPCS Code #: A6197

Subtotal

Freight:	0.00	Tax:	0.00	410.30
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
410.30	0.00	0.00	\$410.30

Eligible Gross Amount \$410.30

Discount amount \$8.21 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784883
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$410.30

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/13/2013	1063784884

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	MEDTRANS	MEDLINE	1084466	USD	\$1,286.07

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	6.00	EA	6.00	BRD777624	TE	853513637	214.35	1,286.07
				BRD777624 /STENT,URETERAL,INLAY,6FR,24CM				

Subtotal								
	Freight:		0.00	Tax:	0.00			1286.07

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,286.07	0.00	0.00	\$1,286.07

Eligible Gross Amount \$1,286.07

Discount amount \$25.72 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784884
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$1,286.07

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176630	05/13/2013	1063784885

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680620880	MEDTRANS	MEDLINE	1084466	USD	\$59.71

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	30.00	EA	2.00	HUD60705EA	TE	853515245	29.86	59.71
				HUD60705EA /MASK,DISPOSABLE FULL FACE MASK,VENTED L				

Subtotal								
	Freight:		0.00	Tax:		0.00		59.71

GROSS	TAX AMOUNT	FREIGHT	TOTAL
59.71	0.00	0.00	\$59.71

Eligible Gross Amount \$59.71

Discount amount \$1.19 if recd. by 06/12/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784885
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$59.71

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176871	05/13/2013	1063784886

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON INVENTORY
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687045	MEDTRANS	MEDLINE	1084466	USD	\$32.16

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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160	4.00	CS	1.00	HUD719025	TE	853516053	32.16	32.16
				106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML				

Subtotal								
	Freight:		0.00	Tax:	0.00			32.16

GROSS	TAX AMOUNT	FREIGHT	TOTAL
32.16	0.00	0.00	\$32.16

Eligible Gross Amount \$32.16

Discount amount \$0.64 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063784886
Invoice Date 05/13/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$32.16

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176871	05/13/2013	1063784886

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687045	MEDTRANS	MEDLINE	1084466	USD	\$32.16

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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160	4.00	CS	1.00	HUD719025	TE	853516053	32.16	32.16
				106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML				

Subtotal

Freight:	0.00	Tax:	0.00	32.16
-----------------	-------------	-------------	-------------	--------------

GROSS	TAX AMOUNT	FREIGHT	TOTAL
32.16	0.00	0.00	\$32.16

Eligible Gross Amount \$32.16

Discount amount \$0.64 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784886
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$32.16

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176887	05/13/2013	1063784887

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON INVENTORY
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	\$34.38

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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190	5.00	CS	2.00	HUD1104 106700 /CANNULA,FLARED,7' TUBING	TE	853519233	17.19	34.38
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Subtotal								
	Freight:	0.00		Tax:	0.00			34.38

GROSS	TAX AMOUNT	FREIGHT	TOTAL
34.38	0.00	0.00	\$34.38

Eligible Gross Amount \$34.38
 Discount amount \$0.69 if recd. by 06/12/13

*Code
 TE - Tax Exempt
 C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063784887
Invoice Date 05/13/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$34.38

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176502	05/13/2013	1063784888

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680585417	MEDTRANS	MEDLINE	1084466	USD	\$101.77

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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60	6.00	EA	4.00	PTX512060	TE	853520808	25.44	101.77
				PTX512060 /TUBE,TRACH,UNCUFFED,FENESTRATED,6.0MM				

Subtotal								
	Freight:		0.00	Tax:		0.00		101.77

GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.77	0.00	0.00	\$101.77

Eligible Gross Amount \$101.77

Discount amount \$2.04 if recd. by 06/12/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063784888
Invoice Date 05/13/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$101.77

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176593	05/13/2013	1063784889

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680611946	MEDTRANS	CUSTOMER	1084466	USD	\$343.54

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	SGE9324831	TE	853520809	343.54	343.54
SGE9324831 /GLOVES,LATEX,HIGH RISK,18ML,PF,LF,LG,BLU								

Subtotal								
	Freight:		0.00	Tax:		0.00		343.54

GROSS	TAX AMOUNT	FREIGHT	TOTAL
343.54	0.00	0.00	\$343.54

Eligible Gross Amount \$343.54

Discount amount \$6.87 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784889
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$343.54

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176504	05/13/2013	1063784890

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680586815	MEDTRANS	MEDLINE	1084466	USD	\$27.88

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	1.00	CS	1.00	HUD1080 HUD1080 /MASK,AEROSOL,PEDIATRIC	TE	853524114	27.88	27.88
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Subtotal

Freight:	0.00	Tax:	0.00	27.88
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
27.88	0.00	0.00	\$27.88

Eligible Gross Amount \$27.88
Discount amount \$0.56 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063784890
Invoice Date 05/13/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$27.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176930	05/13/2013	1063784891

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680708971	MEDTRANS	MEDLINE	1084466	USD	\$2,634.06

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	BX	6.00	HDT312107	TE	853529044	139.31	835.86
				HDT312107 /TUBING,CIRCUIT/6' F/CPAP/BIPAP DISP				
20	30.00	EA	25.00	HUD60705EA	TE	853529044	29.86	746.43
				HUD60705EA /MASK,DISPOSABLE FULL FACE MASK,VENTED L				
30	30.00	EA	30.00	HUD60704EA	TE	853529044	29.86	895.72
				HUD60704EA /MASK,DISPOSABLE FULL FACE MASK,VENTED M				
40	6.00	CS	6.00	HUD1607	TE	853529044	26.01	156.05
				HUD1607 /CIRCUIT,VENT,STRAIGHT,72"				

Subtotal

Freight: 0.00 Tax: 0.00 2634.06

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,634.06	0.00	0.00	\$2,634.06

Eligible Gross Amount \$2,634.06

Discount amount \$52.68 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063784891
Invoice Date 05/13/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$2,634.06

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176933	05/13/2013	1063784892

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709790	MEDTRANS	MEDLINE	1084466	USD	\$1,176.56

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CT	2.00	SWD668007	TE	853529045	588.28	1,176.56
				SWD668007 /TRAY,CATHETER,SE,MAHURKAR,11.5FR,19.5CM				

Subtotal								
	Freight:		0.00	Tax:		0.00		1176.56

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,176.56	0.00	0.00	\$1,176.56

Eligible Gross Amount \$1,176.56
Discount amount \$23.53 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784892
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$1,176.56

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176932	05/13/2013	1063784894

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709795	MEDTRANS	CUSTOMER	1084466	USD	\$226.06

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	CS	2.00	LTP30806726	TE	853529046	86.90	173.80
LTP30806726 /GEL,SKIN PREP,EEG,NU PREP,4OZ TUBE								

Subtotal

Freight:	52.26	Tax:	0.00	173.80
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
173.80	0.00	52.26	\$226.06

Eligible Gross Amount \$173.80

Discount amount \$3.48 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784894
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$226.06

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709898	MEDTRANS	MEDLINE	1084466	USD	\$7,820.47

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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110	6.00	CS	6.00	B-D364902	TE	853529047	139.18	835.10
				101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK				

80	3.00	CS	3.00	B-D367861	TE	853529047	65.00	194.99
				101600 /TUBE,WHOLE BLOOD,LVND,ADD,13X75MM,4ML				

Subtotal 999

Freight:	0.00	Tax:	0.00	1030.09
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60	8.00	CS	8.00	MSC281230	TE	853529047	27.94	223.52
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				

Subtotal 100

Freight:	0.00	Tax:	0.00	223.52
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10	2.00	CS	2.00	DYNJP3003	TE	853529047	64.38	128.76
				102700 /SHEET, T, LAPAROTOMY, STERILE				

20	3.00	CS	3.00	MSG1080	TE	853529047	157.71	473.13
				604700 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784898
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$7,820.47

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	3.00	CS	3.00	AUG42568 130800 /BLANKET,WARM,LOW BODY WH	TE	853529047	63.28	189.85
40	6.00	CS	6.00	AUG42268 130700 /BLANKET,WARM,UP BODY WH 74X24	TE	853529047	63.29	379.71
50	8.00	CS	8.00	CUR9224 313000 /GLOVE,EXAM,STRETCH VINYL,S	TE	853529047	47.52	380.16
70	2.00	CS	2.00	HUD04128 107200 /NEBULIZER,LG VOL,STERILE H2O,1070ML	TE	853529047	33.03	66.06
90	2.00	CS	2.00	MPH18107 206100 /SOAP,COMPLEXION,BAR,MEDLINE,#.75,.64OZ	TE	853529047	52.92	105.84
100	4.00	CS	4.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853529047	16.50	66.00
120	5.00	CS	5.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853529047	96.59	482.97
HCPCS Code #: A6257								
130	2.00	CS	2.00	DYND40982 306010 /KIT,CATHETER,SUCTION,14 FR,2 GLV,MINI	TE	853529047	45.10	90.20
HCPCS Code #: A4624 + A4930								
140	4.00	CS	4.00	KDL6146LL 310000 /TRAY,FOLEY CATHETER,16FR,5CC,ANTI-REFLUX	TE	853529047	68.26	273.02
150	5.00	CS	5.00	B-D381433 407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE	TE	853529047	338.87	1,694.37
160	2.00	CS	2.00	B-D381423 407800 /CATHETER,IV,22GX1",RETRACTABLE STERILE	TE	853529047	338.88	677.75
170	2.00	CS	2.00	B-D381444 407600 /CATHETER,IV,18GX1.16,RETRACTABLE,STRL	TE	853529047	338.88	677.75
180	1.00	CS	1.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853529047	51.00	51.00
190	2.00	CS	2.00	KDL5072 306800 /SPONGE,KERLIX,12PLY,STERILE,4"X4",2'S	TE	853529047	67.08	134.16
HCPCS Code #: A6402								
200	1.00	CS	1.00	MDS093917 605000 /PAD,PREP,POVIDONE/IODINE,MEDIUM,1M/CS	TE	853529047	33.19	33.19
210	2.00	CS	2.00	NON260101 607600 /TAPE,CLOTH/SILK,CURAD,1"X10YD,LF	TE	853529047	93.79	187.58
HCPCS Code #: A4450								
220	1.00	BX	1.00	MMM29501Z 703500 /TAPE,CLOTH,SURGICAL,ADHESIVE,1"X10YD	TE	853529047	9.51	9.51
HCPCS Code #: A4450								
230	2.00	BX	2.00	NON250314Z 801100 /STRIP,CLOSURE,WOUND,MEDI-STRIP,1/4"X3"	TE	853529047	33.95	67.90
HCPCS Code #: A4450								



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
240	3.00	CS	3.00	MDS708550 802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS	TE	853529047	24.15	72.45
HCPCS Code #: A9270								
250	5.00	BX	5.00	MLK86491 803900 /TUBE,ENDOTRACH,INTRMD,PRECUT,HI-LO,7.5MM	TE	853529047	15.82	79.11
270	1.00	CS	1.00	IMEP850A 807300 /COVER THERMOMETER	TE	853529047	93.54	93.54
280	4.00	BX	4.00	RCH33304 509800 /CATHETER,EXTERNAL,MALE,ULTRAFLX,LG,36MM	TE	853529047	25.48	101.90
HCPCS Code #: A4349								
290	2.00	BX	2.00	RCH33302 509600 /CATHETER,EXTERNAL,MALE,ULTRAFLX,MD,29MM	TE	853529047	25.48	50.95
HCPCS Code #: A4349								
Subtotal								
			Freight:	0.00	Tax:	0.00	6566.86	

GROSS	TAX AMOUNT	FREIGHT	TOTAL
7,820.47	0.00	0.00	\$7,820.47

Eligible Gross Amount \$7,820.47
Discount amount \$156.41 if recd. by 06/12/13

*Code
TE - Tax Exempt
C - Customer Freight



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176939	05/13/2013	1063784900

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE INVENTORY
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680710622	MEDTRANS	MEDLINE	1084466	USD	\$4,337.74

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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60	2.00	CS	2.00	CRI1004	TE	853529048	16.20	32.40
				CRI1004 /CAP,BOUFFANT,SPUNBOND,BLUE,24"				

601300

Subtotal 300

Freight:	0.00	Tax:	0.00	32.40
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40	3.00	CS	3.00	DYNJP2498	TE	853529048	51.70	155.10
				102200 /SHEET, DRAPE, SPLIT, STERILE				

102200

Subtotal 200

Freight:	0.00	Tax:	0.00	155.10
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10	1.00	CS	1.00	MDSV80534	TE	853529048	103.72	103.72
				805000 /CRUTCH,ALUMINUM,ADULT,TALL,LF,300LB				

HCPCS Code #: E0114

20	1.00	CS	1.00	MDSV80535	TE	853529048	103.72	103.72
				805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB				

HCPCS Code #: E0114

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784900
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$4,337.74

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176939	05/13/2013	1063784900

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	4.00	CS	4.00	MDS80212 805200 /CANE,WOOD,37",FITS 7/8" TUBING DIAMETER	TE	853529048	31.34	125.36
HCPCS Code #: E0100								
50	6.00	CS	6.00	DYNJP8003 102800 /T-DRAPE,EXTREMITY,STERILE	TE	853529048	61.79	370.74
70	1.00	CS	1.00	CRI3000 103800 /COVERALL,SPUNBOND,STRT WRST/ANKL,XL,WHT	TE	853529048	25.38	25.38
80	12.00	CS	12.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853529048	285.11	3,421.32
Subtotal								
			Freight:	0.00	Tax:	0.00	4150.24	
				GROSS	TAX AMOUNT	FREIGHT	TOTAL	
				4,337.74	0.00	0.00	\$4,337.74	

Eligible Gross Amount \$4,337.74

Discount amount \$86.75 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176942	05/13/2013	1063784903

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432244631	MEDTRANS	MEDLINE	1084466	USD	\$858.67

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	BX	3.00	SKE0250070500	TE	853534722	286.22	858.67
				SKE0250070500 /IRRIGATOR, SUCTION, STRYKEFLOW 10' TUBE				

Subtotal								
	Freight:		0.00	Tax:		0.00		858.67

GROSS	TAX AMOUNT	FREIGHT	TOTAL
858.67	0.00	0.00	\$858.67

Eligible Gross Amount \$858.67

Discount amount \$17.17 if recd. by 06/12/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063784903
Invoice Date	05/13/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$858.67

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176950	05/14/2013	1063820125

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712906	MEDTRANS	CUSTOMER	1084466	USD	\$705.45

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	CS	5.00	NON27212XXL /SHIRT,SCRUB,ROUND-NECK,BLUE,2XL,DISP	TE	853538769	25.68	128.40
20	5.00	CS	5.00	NON27212XXXL /SHIRT,SCRUB,ROUND-NECK,BLUE,3XL,DISP	TE	853538769	26.24	131.20
30	5.00	CS	5.00	NON27213XXXL /PANT,SCRUB,ELASTIC-WAIST,BLUE,3XL,DISP	TE	853538769	37.25	186.25
40	5.00	CS	5.00	NON27213XXL /PANT,SCRUB,ELASTIC-WAIST,BLUE,2XL,DISP	TE	853538769	36.81	184.05

Subtotal **629.90**

Freight: 75.55 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
629.90	0.00	75.55	\$705.45

Eligible Gross Amount \$629.90

Discount amount \$12.60 if recd. by 06/13/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063820125
Invoice Date 05/14/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$705.45

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176946	05/14/2013	1063820126

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432245366	FEDEX GROUND	CUSTOMER	1084466	USD	\$199.80

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	PEGFQW503100	TE	853538966	189.28	189.28
				PEGFQW503100 /PAPER,ECG,Z-FOLD,50X100,ARRAY GRID				

Subtotal

Freight:	10.52	Tax:	0.00	189.28
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
189.28	0.00	10.52	\$199.80

Eligible Gross Amount \$189.28

Discount amount \$3.79 if recd. by 06/13/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063820126
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$199.80

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176788	05/14/2013	1063820127

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680667524	MEDTRANS	MEDLINE	1084466	USD	\$53.92

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	J-J6822A 0145200 /CAST TAPE,DELTA LITE,2"X 4 YDS	TE	853547104	26.96	53.92
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Subtotal								
	Freight:		0.00		Tax:	0.00		53.92

GROSS	TAX AMOUNT	FREIGHT	TOTAL
53.92	0.00	0.00	\$53.92

Eligible Gross Amount \$53.92

Discount amount \$1.08 if recd. by 06/13/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063820127
Invoice Date 05/14/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$53.92

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176933	05/14/2013	1063820128

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432256263	FEDEX GROUND	CUSTOMER	1084466	USD	\$596.40

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CT	1.00	SWD668007	TE	853567275	588.28	588.28
SWD668007 /TRAY,CATHETER,SE,MAHURKAR,11.5FR,19.5CM								

Subtotal								
	Freight:		8.12	Tax:	0.00			588.28

GROSS	TAX AMOUNT	FREIGHT	TOTAL
588.28	0.00	8.12	\$596.40

Eligible Gross Amount \$588.28

Discount amount \$11.77 if recd. by 06/13/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063820128
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$596.40

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176575	05/14/2013	1063822423

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680604717	VENDOR	MEDLINE	1084466	USD	\$2,243.71

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	10.00	EA	10.00	MDR30RWFRAME /BED,ROLLAWAY,30",FRAME ONLY	TE,C		203.91	2,039.10
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Subtotal								
	Freight:		204.61	Tax:	0.00			2039.10

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,039.10	0.00	204.61	\$2,243.71

Eligible Gross Amount \$2,039.10

Discount amount \$40.78 if recd. by 06/13/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063822423
Invoice Date 05/14/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$2,243.71

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176888	05/14/2013	1063822424

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694523	FEDEX GROUND	CUSTOMER	1084466	USD	\$41.92

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	SLT1611710 /CANNULA,NEONATAL,CLEAR,7' TUBING	TE		32.52	32.52
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Subtotal								
	Freight:	9.40		Tax:	0.00			32.52

GROSS	TAX AMOUNT	FREIGHT	TOTAL
32.52	0.00	9.40	\$41.92

Eligible Gross Amount \$32.52

Discount amount \$0.65 if recd. by 06/13/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063822424
Invoice Date	05/14/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$41.92

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176970	05/15/2013	1063858939

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON MISCELLANEOUS
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722562	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$25.06

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	EA	2.00	MDS91413	TE	853581197	12.53	25.06
				MDS91413 /SET,BP,CUFF,BLADDER,1 TUBE,LG ADULT,LF				

Subtotal								
	Freight:		0.00	Tax:		0.00		25.06

GROSS	TAX AMOUNT	FREIGHT	TOTAL
25.06	0.00	0.00	\$25.06

Eligible Gross Amount \$25.06

Discount amount \$0.50 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063858939
Invoice Date 05/15/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$25.06

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/15/2013	1063858940

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON OR
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$710.31

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	UTD66800951	TE	853590623	710.31	710.31
				UTD66800951 /PICO 4X8 (10X20 CM)				

Subtotal								
	Freight:		0.00	Tax:		0.00		710.31

GROSS	TAX AMOUNT	FREIGHT	TOTAL
710.31	0.00	0.00	\$710.31

Eligible Gross Amount \$710.31

Discount amount \$14.21 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063858940
Invoice Date 05/15/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$710.31

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176970	05/15/2013	1063858941

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722562	FEDEX GROUND	CUSTOMER	1084466	USD	\$26.38

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	EA	2.00	MDS91410	TE	853595587	9.64	19.28
				MDS91410 /SET,BP,CUFF,BLADDER,BP,1 TUBE,ADULT,LF				

Subtotal								
		Freight:	7.10		Tax:	0.00		19.28

GROSS	TAX AMOUNT	FREIGHT	TOTAL
19.28	0.00	7.10	\$26.38

Eligible Gross Amount \$19.28

Discount amount \$0.39 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858941
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$26.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176981	05/15/2013	1063858942

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432280338	FEDEX GROUND	CUSTOMER	1084466	USD	\$527.22

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	EA	2.00	W-A470060	TE	853607980	243.42	486.84
/STAND,MOBILE,FOR SPOT VITAL SIGN								

Subtotal								
	Freight:		40.38	Tax:	0.00			486.84

GROSS	TAX AMOUNT	FREIGHT	TOTAL
486.84	0.00	40.38	\$527.22

Eligible Gross Amount \$486.84

Discount amount \$9.74 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858942
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$527.22

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726530	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$6,829.83

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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250	2.00	BX	2.00	MLK86451	TE	853608313	15.82	31.64
				0143000 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.5 MM				

*0143000

Subtotal 999

Freight:	0.00	Tax:	0.00	31.64
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10	40.00	EA	40.00	MDT219684	TE	853608313	3.96	158.40
				208800 /PILLOW,MEDSOFT,18X24,20EA/CS				
20	4.00	CS	4.00	MSG1075	TE	853608313	157.71	630.84
				604600 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7.5				
30	3.00	CS	3.00	MSG1070	TE	853608313	157.71	473.13
				604500 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7				
40	4.00	CS	4.00	DYND80235S	TE	853608313	15.18	60.72
				702600 /URINAL,MALE,SUPREME				
50	2.00	CS	2.00	NON256000	TE	853608313	36.69	73.38
				304300 /GAUZE,SPONGE,DRAIN,4"X4",6PLY,STRL,2'S				

HCPCS Code #: A6402

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858945
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$6,829.83

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	4.00	CS	4.00	HUD1734 107420 /NEBULIZER,T UPDRAFTII,MOUTHPC,6" RES,TUB	TE	853608313	40.16	160.65
70	6.00	CS	6.00	CRI2003 103900 /COVER,SHOE,SPUNBOND,NONSKID,BLUE,XLG	TE	853608313	19.44	116.64
80	3.00	CS	3.00	NON27385 104800 /MASK,FACE,WHITE,HYPOALLERGENIC,FILTER	TE	853608313	31.74	95.22
90	6.00	CS	6.00	DYND50252 104300 /SUCTION TUBE 1/4" X 12' ST	TE	853608313	20.02	120.12
HCPCS Code #: A7002								
100	10.00	CS	10.00	CUR9227 313300 /GLOVE,EXAM,STRETCH VINYL,XL	TE	853608313	47.52	475.20
110	12.00	BX	12.00	DRCPC1604Z 208900 /BATTERY, ALKALINE, DURACELL, 9V	TE	853608313	8.61	103.33
120	5.00	CS	5.00	PTXG1675 406000 /ABG-PROVENT CUSTOM SOUND SHORE	TE	853608313	131.38	656.90
130	2.00	CS	2.00	DYND51087 0128800 /TRAY,SUTURING	TE	853608313	129.12	258.24
140	8.00	BX	8.00	484406Z 306100 /GLOVE,EXAM,VINYL,STERILE,PF,LF,PR,MD	TE	853608313	15.74	125.92
150	4.00	CS	4.00	MDS093944 701300 /SOLUTION,PREP,POVIDONE IODINE,4 OZ BTL	TE	853608313	35.75	143.00
160	6.00	CS	6.00	MSC095001 602200 /LOTION,HAND AND BODY,2 OZ	TE	853608313	26.38	158.28
170	6.00	CS	6.00	CTRO00413 606100 /MOUTHWASH,ALCOHOL FREE,4 OZ	TE	853608313	19.59	117.54
180	1.00	CS	1.00	MSC095492 606300 /POWDER,BABY,TALC,2 OZ	TE	853608313	63.87	63.87
200	1.00	CS	1.00	DYND40582 305800 /TRAY,TRACH,BASIC,4 GAUZE	TE	853608313	25.20	25.20
HCPCS Code #: A4626 + A4930 + A6402 + A9999								
210	1.00	CS	1.00	BRD0038460 305400 /SYRINGE,TOOMEY,70CC -ORDR QTY 50	TE	853608313	77.50	77.50
220	2.00	CS	2.00	KDL7006LL 310200 /TRAY,URINE METER,FOLEY,16FR,DRN BAG,LL	TE	853608313	113.21	226.41
230	6.00	CS	6.00	MDS090735 MDS090735 /PAD,PREP,ALCOHOL,STERILE,MEDIUM,2-PLY	TE	853608313	26.00	156.00
HCPCS Code #: A4245								
240	1.00	CS	1.00	NON24272 104900 /APRON,PULLOVER,LGHTWT,WHT,24X42	TE	853608313	77.85	77.85
260	4.00	CS	4.00	SWD850815 406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN	TE	853608313	85.03	340.11

HCPCS Code #: A4215



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
270	4.00	CS	4.00	SWD200777 408900 /SYRINGE,12CC,LL,SOFT PACK,STRL	TE	853608313	34.66	138.63
HCPCS Code #: A4210								
280	3.00	CS	3.00	NON256025 308700 /GAUZE,PACKING STRIP,IODOFORM,2"X5YD,STRL	TE	853608313	40.90	122.70
HCPCS Code #: A6266								
290	8.00	BX	8.00	USU054887 405600 /STAPLER,SKIN,ROYAL,35 WIDE,DISPOSABLE	TE	853608313	36.62	292.99
300	3.00	GR	3.00	MDS136000 602500 /TOOTHBRUSH,INDIVIDUALLY WRAPPED,30 TUFT	TE	853608313	8.83	26.49
310	4.00	CS	4.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25	TE	853608313	235.22	940.89
320	3.00	CS	3.00	NON25600 702900 /BANDAGE,ADHESIVE,PLASTIC,1"X3",STRL,LF	TE	853608313	22.00	66.00
HCPCS Code #: A6413								
330	4.00	CS	4.00	MDT211218XLI 801700 /SLIPPER,SINGLE TREAD,BEIGE,XL	TE	853608313	25.07	100.28
340	4.00	CS	4.00	MDT211218XXLI 801800 /SLIPPER,SINGLE TREAD,GRAY,XXL	TE	853608313	25.77	103.08
350	3.00	CS	3.00	JIP003268 805600 /WASH,BABY,HEAD-TO-TOE,1OZ -ORDR QTY 3	TE	853608313	37.56	112.68
Subtotal								
			Freight:	0.00	Tax:	0.00	6798.19	

GROSS	TAX AMOUNT	FREIGHT	TOTAL
6,829.83	0.00	0.00	\$6,829.83

Eligible Gross Amount \$6,829.83
Discount amount \$136.60 if recd. by 06/14/13

*Code
TE - Tax Exempt
C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176978	05/15/2013	1063858946

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$719.14

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	BX	1.00	USUPCO15X /PARIETEX COMPOSITE OPTIMIZED 15CM ROUND	TE	853608314	719.14	719.14
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Subtotal								
	Freight:		0.00		Tax:	0.00		719.14

GROSS	TAX AMOUNT	FREIGHT	TOTAL
719.14	0.00	0.00	\$719.14

Eligible Gross Amount \$719.14

Discount amount \$14.38 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063858946
Invoice Date	05/15/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$719.14

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176984	05/15/2013	1063858947

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	FEDEX GROUND	MEDLINE	1084466	USD	\$215.70

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	BRD175808 /CATHETER, HYDROGEL COATED, SILICONE, 3 CC	TE,C	853609478	103.27	103.27
20	1.00	CS	1.00	BRD175810 /CATHETER, HYDROGEL COATED, SILICONE, 3 CC	TE,C	853609478	103.27	103.27

Subtotal **Freight:** 9.16 **Tax:** 0.00 **206.54**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
206.54	0.00	9.16	\$215.70

Eligible Gross Amount \$206.54

Discount amount \$4.13 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063858947
Invoice Date 05/15/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$215.70

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176987	05/15/2013	1063858948

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON MISCELLANEOUS
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680730158	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$1,772.67

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	CS	4.00	HUD19912	TE	853617276	138.39	553.57
				HUD19912 /EXCHANGER,HEAT/MOIST,GILBECK				
20	3.00	BX	3.00	HDT312107	TE	853617276	139.31	417.93
				HDT312107 /TUBING,CIRCUIT/6' F/CPAP/BIPAP DISP				
30	3.00	CS	3.00	BXTRT210	TE	853617276	267.06	801.17
				BXTRT210 /KIT,CIRCUIT,DUAL-LIMB,HEATED,MR290 INCL				

Subtotal 1772.67

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,772.67	0.00	0.00	\$1,772.67

Eligible Gross Amount \$1,772.67

Discount amount \$35.45 if recd. by 06/14/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063858948
Invoice Date 05/15/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$1,772.67

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06562	05/15/2013	1063860103

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694674	WAREHOUSE MOVES-MEDLINE	CUSTOMER	1084466	USD	\$456.69

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	EA	2.00	SNRC70901202	TE		40.54	81.08
/SPLINT, HAND, POSITION, LEFT, REGLR, SML								

HCPCS Code #: L3999

20	2.00	EA	2.00	SNRC70901201	TE		40.54	81.08
/SPLINT,HAND,POSITION,RIGHT,REGLR,SML								

HCPCS Code #: L3999

30	2.00	EA	2.00	SNRC70911202	TE		40.94	81.88
/SPLINT, HAND, POSITION, LEFT, REGLR, MED								

HCPCS Code #: L3999

40	2.00	EA	2.00	SNRC70911201	TE		40.94	81.88
/SPLINT,HAND,POSITION,RIGHT,REG,MED								

HCPCS Code #: L3999

50	2.00	EA	2.00	SNRC70921202	TE		40.94	81.88
/SPLINT,HAND,POSITION,LEFT,REG,LG								

HCPCS Code #: L3999

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063860103
Invoice Date 05/15/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$456.69

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06562	05/15/2013	1063860103

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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60	2.00	EA	1.00	SNRC70921201 /SPLINT, HAND, POSITION, RIGHT, REGLR,LRG	TE		40.94	40.94
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HCPCS Code #: L3999

Subtotal								
	Freight:		7.95		Tax:	0.00		448.74

GROSS	TAX AMOUNT	FREIGHT	TOTAL
448.74	0.00	7.95	\$456.69

Eligible Gross Amount \$448.74

Discount amount \$8.97 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/16/2013	1063894739

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	MEDTRANS	CUSTOMER	1084466	USD	\$488.87

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	CS	3.00	B-D305064	TE	853537174	61.62	184.85
				B-D305064 /SYRINGE,NEEDLE,BLUNT FILL,10ML,18GX1.5"				
20	6.00	CS	6.00	PTX005445	TE	853537174	50.67	304.02
				PTX005445 /MASK,PREMIUM ANESTHESIA,MED ADLT				

Subtotal **488.87**

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
488.87	0.00	0.00	\$488.87

Eligible Gross Amount \$488.87

Discount amount \$9.78 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894739
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$488.87

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176948	05/16/2013	1063894740

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712663	MEDTRANS	MEDLINE	1084466	USD	\$413.20

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	5.00	CS	5.00	NON249005	TE	853537175	82.64	413.20
NON249005 /POUCH,TELEMETRY,MULTI-LAYER,TIES,BLUE								

Subtotal 413.20

Freight: 0.00 **Tax:** 0.00 413.20

GROSS	TAX AMOUNT	FREIGHT	TOTAL
413.20	0.00	0.00	\$413.20

Eligible Gross Amount \$413.20

Discount amount \$8.26 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894740
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$413.20

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/16/2013	1063894741

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	MEDTRANS	MEDLINE	1084466	USD	\$2,154.48

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	CS	6.00	LTP40000009KT	TE	853541660	112.25	673.47
				LTP40000009KT /BELT,TRANSDUCER,LIFETRACE,LF,36"				
20	3.00	CS	3.00	9165	TE	853541660	91.51	274.53
				00000000000009165 /PAD,GROUNDING,UNIVERSAL,SPLIT,W/ CO				
30	3.00	CS	3.00	ESPB3000	TE	853541660	141.71	425.13
				ESPB3000 /PENCIL,CAUTERY,PUSHBUTTON,STERILE,LF,SS				
40	12.00	CS	12.00	GCT30748696CS	TE	853541660	65.11	781.35
				GCT30748696CS /PAPER,FETAL,HEWLETT-PACKARD,HP 50				

Subtotal

Freight: 0.00 Tax: 0.00 2154.48

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,154.48	0.00	0.00	\$2,154.48

Eligible Gross Amount \$2,154.48

Discount amount \$43.09 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894741
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$2,154.48

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176795	05/16/2013	1063894742

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680669412	MEDTRANS	CUSTOMER	1084466	USD	\$22.35

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	HDTHS711100	TE	853547105	22.35	22.35
HDTHS711100 /MOUTHPIECE,ASSESS,PEAK FLO,ADULT								

Subtotal

Freight:	0.00	Tax:	0.00	22.35
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
22.35	0.00	0.00	\$22.35

Eligible Gross Amount \$22.35

Discount amount \$0.45 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894742
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$22.35

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176930	05/16/2013	1063894743

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680708971	MEDTRANS	MEDLINE	1084466	USD	\$149.29

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	30.00	EA	5.00	HUD60705EA	TE	853548524	29.86	149.29
				HUD60705EA /MASK,DISPOSABLE FULL FACE MASK,VENTED L				

Subtotal

Freight:	0.00	Tax:	0.00	149.29
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
149.29	0.00	0.00	\$149.29

Eligible Gross Amount \$149.29

Discount amount \$2.99 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894743
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$149.29

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176688	05/16/2013	1063894744

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE OR
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680642750	MEDTRANS	MEDLINE	1084466	USD	\$205.25

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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50	1.00	CS	1.00	ALA30485	TE	853556377	205.25	205.25
				ALA30485 /GLOVE,SURG,LATEX,BIOGEL,SURGICAL,PF,8.5				

Subtotal								
	Freight:		0.00	Tax:		0.00		205.25

GROSS	TAX AMOUNT	FREIGHT	TOTAL
205.25	0.00	0.00	\$205.25

Eligible Gross Amount \$205.25

Discount amount \$4.11 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894744
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$205.25

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176746	05/16/2013	1063894745

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652198	MEDTRANS	MEDLINE	1084466	USD	\$780.46

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	40.00	EA	39.00	ABR17150	TE	853556378	20.01	780.46
				ABR17150 /PUMP,HAND HYGIENIKIT STRILE WITHOUT BPA				

Subtotal

Freight:	0.00	Tax:	0.00	780.46
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
780.46	0.00	0.00	\$780.46

Eligible Gross Amount \$780.46

Discount amount \$15.61 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894745
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$780.46

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
nr176758	05/16/2013	1063894747

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432113858	MEDTRANS	MEDLINE	1084466	USD	\$710.31

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	1.00	CS	1.00	UTD66800951	TE	853590256	710.31	710.31
				UTD66800951 /PICO 4X8 (10X20 CM)				

Subtotal

Freight:	0.00	Tax:	0.00	710.31
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
710.31	0.00	0.00	\$710.31

Eligible Gross Amount \$710.31

Discount amount \$14.21 if recd. by 06/15/13

** Special Ship-To

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894747
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$710.31

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176984	05/16/2013	1063894748

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	MEDTRANS	MEDLINE	1084466	USD	\$1,238.61

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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40	3.00	CS	3.00	MDS098710	TE	853611037	91.44	274.32
				MDS098710 /PREP,CHG,LIQUID,4%,4 OZ BTL,48 EA/CS				
50	5.00	CS	5.00	K-C62645	TE	853611037	98.90	494.52
				K-C62645 /WRAP,STERILIZATION,CSR,ONE-STEP,45"X45"				
60	5.00	CS	5.00	K-C62136	TE	853611037	93.95	469.77
				K-C62136 /WRAP,STERILIZATION,CSR,ONE-STEP,36"X36"				

Subtotal **1238.61**

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,238.61	0.00	0.00	\$1,238.61

Eligible Gross Amount \$1,238.61

Discount amount \$24.77 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894748
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$1,238.61

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176404	05/16/2013	1063894749

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680549397	FEDEX GROUND	CUSTOMER	1084466	USD	\$86.78

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	1.00	EA	1.00	MDSHXS1BH	TE	853630276	76.39	76.39
MDSHXS1BH /EXERCISE BAND,GRAY,SPR HVY,50YD ROLLS								

Subtotal								
	Freight:		10.39	Tax:	0.00			76.39

GROSS	TAX AMOUNT	FREIGHT	TOTAL
76.39	0.00	10.39	\$86.78

Eligible Gross Amount \$76.39

Discount amount \$1.53 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894749
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$86.78

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06557	05/16/2013	1063894750

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671421	FEDEX GROUND	CUSTOMER	1084466	USD	\$138.79

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	4.00	EA	4.00	CHT1512	TE	853632995	30.67	122.68
/PACK,COLD,HEAVY-USE,LF,OVERSIZE,11"X21"								

Subtotal								
	Freight:		16.11		Tax:	0.00		122.68

GROSS	TAX AMOUNT	FREIGHT	TOTAL
122.68	0.00	16.11	\$138.79

Eligible Gross Amount \$122.68

Discount amount \$2.45 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894750
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$138.79

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176788	05/16/2013	1063894751

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680667524	MEDTRANS	MEDLINE	1084466	USD	\$2,982.51

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	2.00	BX	2.00	DVL0112760	TE	853633507	596.50	1,193.00
				DVL0112760 /MESH PLUG MED -ORDR QTY 2				
40	3.00	BX	3.00	DVL0112750	TE	853633507	596.50	1,789.51
				DVL0112750 /MESH,PERFIX PLUG,SMALL,1"X1.35"				

Subtotal **2982.51**

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,982.51	0.00	0.00	\$2,982.51

Eligible Gross Amount \$2,982.51

Discount amount \$59.65 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894751
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$2,982.51

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176984	05/16/2013	1063894752

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	FEDEX GROUND	MEDLINE	1084466	USD	\$112.11

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	1.00	CS	1.00	BRD175812	TE,C	853643968	103.27	103.27
/CATHETER, HYDROGEL COATED, SILICONE, 5 CC								

Subtotal

Freight:	8.84	Tax:	0.00	103.27
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
103.27	0.00	8.84	\$112.11

Eligible Gross Amount \$103.27

Discount amount \$2.07 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894752
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$112.11

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$9,357.72

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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180	10.00	BX	10.00	B-D367871Z 0165400 /TUBE,PLASMA,GRN,SODIUM HEP,13X75MM,4ML	TE	853644536	10.50	104.99
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^0165400

Subtotal 999

Freight:	0.00	Tax:	0.00	104.99
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20	2.00	CS	2.00	NON25416 600400 /GAUZE,SPONGE,4"X4",16PLY,WOVEN,NS,LF	TE	853644536	69.80	139.60
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600400

HCPCS Code #: A6216

Subtotal 400

Freight:	0.00	Tax:	0.00	139.60
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10	2.00	CS	1.00	ASO1C5208 202700 /CLEANER,ENZYMATIC,VALSURE,1 GAL	TE	853644536	57.10	57.10
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30	2.00	CS	2.00	PTX8503 130200 /RESUSCITATOR,BAG,ADULT,MASK,FLEX TUBING	TE	853644536	94.56	189.11
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CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063894753
Invoice Date	05/16/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$9,357.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
40	4.00	CS	4.00	DYND50252 104300 /SUCTION TUBE 1/4" X 12' ST	TE	853644536	20.02	80.08
HCPCS Code #: A7002								
50	3.00	CS	3.00	HUD719025 106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML	TE	853644536	32.16	96.47
60	4.00	CS	4.00	NON27710 105200 /MASK,FACE,MAXFLUIDPROTECT,SHIELD/TIES	TE	853644536	48.17	192.68
70	2.00	CS	2.00	BXT002620 107100 /HUMIDIFIER,PREFILLED,STERILE WATER,500ML	TE	853644536	18.03	36.05
80	1.00	CS	1.00	NON02325 205400 /STRAW,7 3/4",WRAPPED,FLEX	TE	853644536	53.80	53.80
90	1.00	CS	1.00	NON24357W 805300 /PAPER,PRO TOWEL,TISSUE,3PLY,WHITE,13X18"	TE	853644536	17.00	17.00
100	4.00	CS	4.00	DYND80347 707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT	TE	853644536	16.50	66.00
110	3.00	CS	3.00	DYND51087 0128800 /TRAY,SUTURING	TE	853644536	129.12	387.36
130	5.00	CS	5.00	DYND30261 203300 /BAG,SPECIMEN,BIOHAZARD,ZIPLOK,6X9,POCKT	TE	853644536	43.66	218.30
140	3.00	CS	3.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853644536	96.59	289.78
HCPCS Code #: A6257								
150	2.00	CS	2.00	DYND15207 309400 /BAG,DRAINAGE,ANTI-REFLUX DEVICE,2000ML	TE	853644536	55.00	110.00
HCPCS Code #: A4357								
160	1.00	CS	1.00	NONT85DS 419100 /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,.85OZ	TE	853644536	230.43	230.43
170	1.00	CS	1.00	DYND50211 601900 /TUBING,SUCTION,CONNECTING,3/16"X20",STR	TE	853644536	15.41	15.41
HCPCS Code #: A7002								
190	1.00	CS	1.00	SWD850215 406500 /NEEDLE,SAFETY,22G X 1-1/2",MAGELLAN	TE	853644536	86.93	86.93
HCPCS Code #: A4215								
200	1.00	CS	1.00	SWD850310 407100 /NEEDLE,SAFETY,23G X 1",MAGELLAN	TE	853644536	85.03	85.03
HCPCS Code #: A4215								
210	4.00	CS	4.00	B-D381423 407800 /CATHETER,IV,22GX1",RETRACTABLE STERILE	TE	853644536	338.87	1,355.49
220	2.00	CS	2.00	SWD560125 407500 /SYRINGE,60CC,LUER LOCK TIP	TE	853644536	32.75	65.49
HCPCS Code #: A4213								
230	4.00	CS	4.00	B-D367342 409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"	TE	853644536	267.25	1,069.00



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
250	2.00	CS	2.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853644536	51.00	102.00
260	1.00	CS	1.00	DYND70293 603000 /CONTAINER,DENTURE,W/LID,AQUA,	TE	853644536	25.60	25.60
270	20.00	BX	20.00	MMM15301Z 607000 /TAPE,PAPER,SURGICAL,MICROPORE,1"X10YD	TE	853644536	3.91	78.25
HCPCS Code #: A4450								
280	2.00	CS	2.00	MMM15272 606200 /TAPE,SURGICAL,TRANSPORE,2"X10YD	TE	853644536	74.83	149.66
HCPCS Code #: A4452								
290	20.00	BX	20.00	MMM15382Z 607700 /TAPE,SURGICAL,DURAPORE,2"X10YD	TE	853644536	6.90	137.90
HCPCS Code #: A4452								
300	10.00	CS	10.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25	TE	853644536	235.22	2,352.23
310	1.00	CS	1.00	DYND80327 800200 /BASIN,EMESIS,GRAPHITE,500ML	TE	853644536	16.61	16.61
320	3.00	BX	3.00	USUCG905 405400 /SUTURE,CHROMIC GUT, 1 36" GS-25 105P	TE	853644536	57.73	173.18
330	3.00	BX	3.00	USUGL122 410200 /SUTURE,POLYSORB 3/0 30,VIOLET V-20 103Q	TE	853644536	45.80	137.39
340	10.00	BX	10.00	USUCL812 410400 /SUTURE,POLYSORB 0 30 VIOLET GS-21	TE	853644536	45.03	450.26
350	3.00	BX	1.00	USUCL813 410500 /SUTURE,POLYSORB 1 30 VIOLET GS-21 01Q	TE	853644536	44.26	44.26
360	2.00	BX	2.00	USUSL5627 410600 /POLYSORB 4/0 18" UNDYED P-12	TE	853644536	106.22	212.43
370	3.00	BX	1.00	USUSL5628G 410700 /SUTURE,POLYSORB 3/0 18" UNDYED P12	TE	853644536	37.71	37.71
380	2.00	BX	2.00	USUSN5669 411000 /SUTURE,MONOSOF,BLACK,3/0,18",P-12	TE	853644536	99.68	199.35
390	2.00	BX	2.00	USUCL811 401000 /SUTURE,POLYSORB 2-0 GS21 27 CL811	TE	853644536	45.80	91.59
410	4.00	BX	4.00	USUCG811 404200 /SUTURE,CHROMIC GUT,2/0 30 GS-21	TE	853644536	50.80	203.20
Subtotal								
			Freight:	0.00	Tax:	0.00	9113.13	

GROSS	TAX AMOUNT	FREIGHT	TOTAL
9,357.72	0.00	0.00	\$9,357.72

Eligible Gross Amount \$9,357.72

Discount amount \$187.15 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/16/2013	1063894754

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS	MEDLINE	1084466	USD	\$14.88

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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60	6.00	EA	1.00	ORT16000	TE	853648509	14.88	14.88
				ORT16000 /IMMOBILIZER,SHOULDER,CUT-AWAY,UNIV,EA				

HCPCS Code #: A4565

Subtotal	Freight:	0.00	Tax:	0.00	14.88
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
14.88	0.00	0.00	\$14.88

Eligible Gross Amount \$14.88

Discount amount \$0.30 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063894754
Invoice Date 05/16/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$14.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176746	05/17/2013	1063930055

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652198	FEDEX GROUND	MEDLINE	1084466	USD	\$20.01

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	40.00	EA	1.00	ABR17150	TE	853633506	20.01	20.01
				ABR17150 /PUMP,HAND HYGIENIKIT STRILE WITHOUT BPA				

Subtotal								
	Freight:		0.00	Tax:		0.00		20.01

GROSS	TAX AMOUNT	FREIGHT	TOTAL
20.01	0.00	0.00	\$20.01

Eligible Gross Amount \$20.01

Discount amount \$0.40 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930055
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$20.01

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/17/2013	1063930056

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	FEDEX GROUND	CUSTOMER	1084466	USD	\$74.18

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	CS	1.00	B-D305064	TE	B53633508	61.62	61.62
				B-D305064 /SYRINGE,NEEDLE,BLUNT FILL,10ML,18GX1.5"				

Subtotal								
	Freight:		12.56	Tax:	0.00			61.62

GROSS	TAX AMOUNT	FREIGHT	TOTAL
61.62	0.00	12.56	\$74.18

Eligible Gross Amount \$61.62
 Discount amount \$1.23 if recd. by 06/16/13

*Code
 TE - Tax Exempt
 C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930056
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$74.18

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176993	05/17/2013	1063930057

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680734132	FEDEX GROUND	CUSTOMER	1084466	USD	\$233.77

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	3.00	MDS8084 609400 /GLOVE,EXAM,NITRILE,PF,LF,SM	TE	853644534	72.93	218.79
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Subtotal								
	Freight:		14.98		Tax:	0.00		218.79

GROSS	TAX AMOUNT	FREIGHT	TOTAL
218.79	0.00	14.98	\$233.77

Eligible Gross Amount \$218.79

Discount amount \$4.38 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930057
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$233.77

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176995	05/17/2013	1063930058

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680734926	FEDEX GROUND	CUSTOMER	1084466	USD	\$244.90

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	3.00	NON21002	TE	853644535	76.98	230.94
				NON21002 /FIELD,STERILE,18"X26",FENESTRATION,2.75"				

Subtotal

Freight:	13.96	Tax:	0.00	230.94
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
230.94	0.00	13.96	\$244.90

Eligible Gross Amount \$230.94

Discount amount \$4.62 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930058
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$244.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177001	05/17/2013	1063930059

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680737239	FEDEX GROUND	CUSTOMER	1084466	USD	\$252.39

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	3.00	DYNJWE1361	TE	853649014	84.13	252.39
				DYNJWE1361 /KIT,RESERVOIR,100CC,10MM,FULL				

Subtotal								
	Freight:	0.00		Tax:	0.00			252.39

GROSS	TAX AMOUNT	FREIGHT	TOTAL
252.39	0.00	0.00	\$252.39

Eligible Gross Amount \$252.39

Discount amount \$5.05 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930059
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$252.39

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/17/2013	1063930061

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	FEDEX GROUND	MEDLINE	1084466	USD	\$456.84

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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160	6.00	EA	6.00	MDS5018319	TE	853665903	21.63	129.78
				MDS5018319 /FORCEP,TONSIL,SCHNIDT-SAWTELL,S-CVD,7.5"				
200	6.00	EA	6.00	MDS1867013	TE	853665903	54.51	327.06
				/RETRACTOR,WEITLANER,SHARP,3:4,5",13CM				

Subtotal **Freight:** 0.00 **Tax:** 0.00 **456.84**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
456.84	0.00	0.00	\$456.84

Eligible Gross Amount \$456.84

Discount amount \$9.14 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930061
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$456.84

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/17/2013	1063930062

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$857.38

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	4.00	EA	4.00	BRD777626	TE	853667242	214.35	857.38
				BRD777626 /STENT,URETERAL,INLAY,6FR,26CM				

Subtotal

Freight:	0.00	Tax:	0.00	857.38
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
857.38	0.00	0.00	\$857.38

Eligible Gross Amount \$857.38

Discount amount \$17.15 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930062
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$857.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/17/2013	1063930063

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$45.67

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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150	12.00	EA	12.00	SDJ7983520	TE	853667250	3.81	45.67
SDJ7983520 /CERVICAL,COLLAR,2.5" UNIVERSAL CERVICAL								

HCPCS Code #: L0120

Subtotal	Freight:	0.00	Tax:	0.00	45.67
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
45.67	0.00	0.00	\$45.67

Eligible Gross Amount \$45.67

Discount amount \$0.91 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930063
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$45.67

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/17/2013	1063930064

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$101.52

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	10.00	EA	9.00	ORT16020LXL	TE	853668092	11.28	101.52
ORT16020LXL /IMMOBILIZER,SHOULDER,SLING&SWATH,L/XL,EA								

HCPCS Code #: L3670

Subtotal	Freight:	0.00	Tax:	0.00	101.52
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.52	0.00	0.00	\$101.52

Eligible Gross Amount \$101.52

Discount amount \$2.03 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930064
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$101.52

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177003	05/17/2013	1063930065

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680737793	FEDEX GROUND	CUSTOMER	1084466	USD	\$113.33

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	1.00	EA	1.00	SNRC716802	TE	853670752	104.52	104.52
				SNRC716802 /BAND,THERABAND, MED, RED 6X50YD				

Subtotal								
	Freight:		8.81	Tax:	0.00			104.52

GROSS	TAX AMOUNT	FREIGHT	TOTAL
104.52	0.00	8.81	\$113.33

Eligible Gross Amount \$104.52

Discount amount \$2.09 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930065
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$113.33

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176894	05/17/2013	1063930066

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680695972	FEDEX GROUND	CUSTOMER	1084466	USD	\$277.47

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	4.00	CS	4.00	MCK2006S	TE	853670776	69.37	277.47
				MCK2006S /DECANTER VIAL				

Subtotal								
	Freight:		0.00	Tax:		0.00		277.47

GROSS	TAX AMOUNT	FREIGHT	TOTAL
277.47	0.00	0.00	\$277.47

Eligible Gross Amount \$277.47

Discount amount \$5.55 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930066
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$277.47

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/17/2013	1063930067

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	FEDEX GROUND	CUSTOMER	1084466	USD	\$61.62

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	CS	1.00	B-D305064	TE	853670777	61.62	61.62
				B-D305064 /SYRINGE,NEEDLE,BLUNT FILL,10ML,18GX1.5"				

Subtotal								
	Freight:		0.00	Tax:		0.00		61.62

GROSS	TAX AMOUNT	FREIGHT	TOTAL
61.62	0.00	0.00	\$61.62

Eligible Gross Amount \$61.62

Discount amount \$1.23 if recd. by 06/16/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930067
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$61.62

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930068

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680742333	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$10,740.73

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
160	2.00	CS	2.00	B-D365974 100900 /TUBE,MICROTAINER,ADDITIVE,PINK	TE	853680107	94.93	189.85
10	1.00	CS	1.00	DYNJP9010A 102100 /PACK,LITHOTOMY,PK II,AURORA	TE	853680107	61.63	61.63
Subtotal 999								
		Freight:	0.00	Tax:	0.00			251.48
20	2.00	CS	2.00	DYNJP2309 102300 /COVER, TABLE, 44X76, STERILE	TE	853680107	28.97	57.94
Subtotal 200								
		Freight:	0.00	Tax:	0.00			57.94
30	1.00	CS	1.00	DYNJP2725 104200 /GOWN, REINF, POLY, AURORA, XLNG/XL, STRL	TE	853680107	101.43	101.43
40	5.00	CS	5.00	DYNJ24994C 104400 /BASIC PACK-LF	TE	853680107	348.72	1,743.60

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063930068
Invoice Date 05/17/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$10,740.73

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930068

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
50	1.00	CS	1.00	DYNJP3011 104500 /DRAPE,LAPAROTOMY,PFANN,STERILE	TE	853680107	73.37	73.37
60	2.00	CS	2.00	DYNJP2707 107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL	TE	853680107	84.86	169.72
70	4.00	CS	4.00	CDS981068D CDS981068D /EXTREMITY PROCEDURE	TE	853680107	74.24	296.96
80	8.00	CS	8.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853680107	285.11	2,280.88
90	4.00	CS	4.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853680107	635.20	2,540.80
100	2.00	CS	2.00	MDSV80535 805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB	TE	853680107	103.72	207.44
HCPCS Code #: E0114								
120	2.00	CS	2.00	MDSV80535 805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB	TE	853680107	103.72	207.44
HCPCS Code #: E0114								
130	3.00	CS	3.00	DYNJAA4836A 130100 /CIRCUIT,ANESTHESIA,ADULT	TE	853680107	100.00	300.00
140	4.00	CS	4.00	DYNJ21512A 121000 /ARTHRO PACK-SOUND SHORE	TE	853680107	253.09	1,012.36
170	4.00	CS	4.00	DYNJP6110A 103200 /PACK,C-BIRTH,PK II,AURORA	TE	853680107	132.49	529.96
180	6.00	CS	6.00	DYNJP6020A 104100 /PACK,OB III,AURORA	TE	853680107	95.16	570.96
190	2.00	CS	2.00	MDS251518RNG 104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK	TE	853680107	64.99	129.98
200	5.00	CS	5.00	NON27202XL 120400 /SHIRT,SCRUB,VNECK,BLUE,XLG,DISPOSABLE	TE	853680107	23.89	119.45
210	4.00	CS	4.00	NON27203XL 120500 /PANT,SCRUB,DRWSTRING,BLUE,XL,DISPOSABLE	TE	853680107	36.74	146.96
Subtotal								
Freight:			0.00	Tax:			0.00	10431.31
GROSS				TAX AMOUNT		FREIGHT		TOTAL
10,740.73				0.00		0.00		\$10,740.73

Eligible Gross Amount \$10,740.73
Discount amount \$214.81 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680743667	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$9,792.39

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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180	3.00	CS	3.00	B-D367861	TE	853680115	65.00	194.99
				101600 /TUBE,WHOLE BLOOD,LVNDR,ADD,13X75MM,4ML				

101600

270	2.00	BX	2.00	MLK86450	TE	853680115	15.82	31.64
				0142900 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.0 MM				

0142900

Subtotal 999

Freight:	0.00	Tax:	0.00	226.63
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430	6.00	BX	6.00	OMMAT0704Z	TE	853680115	28.00	168.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				

521400

HCPCS Code #: A4259

Subtotal 500

Freight:	0.00	Tax:	0.00	168.00
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30	1.00	CS	1.00	CRI1004	TE	853680115	16.20	16.20
				CRI1004 /CAP,BOUFFANT,SPUNBOND,BLUE,24"				

601300

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930071
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$9,792.39

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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Subtotal 300

Freight:	0.00	Tax:	0.00		16.20
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260	5.00	CS	5.00	DYND50130	TE	853680115	25.00	125.00
				503700 /YANKAUER,BULB TIP,STERILE				

503700

HCPCS Code #: A4628

Subtotal 200

Freight:	0.00	Tax:	0.00		125.00
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130	6.00	CS	6.00	NON260509	TE	853680115	39.89	239.34
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				

600500

120	6.00	CS	6.00	MSC281230	TE	853680115	27.94	167.64
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				

600900

Subtotal 100

Freight:	0.00	Tax:	0.00		406.98
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10	6.00	CS	6.00	NON23324	TE	853680115	16.97	101.82
				606600 /PAPER,EXAM TABLE,STND,CREPE,18X125',12CS				

20	2.00	CS	2.00	NON24357W	TE	853680115	17.00	34.00
				805300 /PAPER,PRO TOWEL,TISSUE,3PLY,WHITE,13X18"				

40	6.00	CS	6.00	MDF260815	TE	853680115	169.57	1,017.39
				303200 /APPLICATOR,CHLORAPREP,ORANGE,26 ML				

50	3.00	CS	3.00	NON243275	TE	853680115	38.63	115.89
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				

60	3.00	CS	3.00	MSG1070	TE	853680115	157.71	473.13
				604500 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7				

70	4.00	CS	4.00	MSG1080	TE	853680115	157.71	630.84
				604700 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8				

80	6.00	CS	6.00	NON03007	TE	853680115	51.75	310.50
				205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT				

90	4.00	CS	4.00	DTM8J8	TE	853680115	27.77	111.08
				205100 /CUP,STYROFOAM,8 OZ				

100	3.00	CS	3.00	PTX8503	TE	853680115	94.55	283.66
				130200 /RESUSCITATOR,BAG,ADULT,MASK,FLEX TUBING				

110	2.00	CS	2.00	NON25853	TE	853680115	68.68	137.36
				306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY				

140	2.00	CS	2.00	NON21444	TE	853680115	26.52	53.04
				309600 /GAUZE,SPONGE,AVANT,4"X4",4PLY,STRL,LF				

150	2.00	CS	2.00	DYNJNC20F	TE	853680115	58.47	116.94
				106200 /COUNTER,NEEDLE,FOAM/MAGNET,20COUNT				

160	5.00	CS	5.00	HUD1104	TE	853680115	17.19	85.95
				106700 /CANNULA,FLARED,7' TUBING				



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
170	1.00	CS	1.00	HUD1059	TE	853680115	50.51	50.51
				107400 /MASK,OXYGEN,NON-REBREATH,ADULT				
190	1.00	CS	1.00	B-D363083	TE	853680115	87.66	87.66
				409100 /TUBE,CITRATE,LT BLU,ADDITV,13X75MM,2.7ML				
200	1.00	CS	1.00	B-D367899	TE	853680115	67.67	67.67
				100600 /TUBE,WHOLE BLOOD,PINK,ADD,13X100MM,6ML				
210	2.00	CS	2.00	TRIDT10290S10	TE	853680115	354.40	708.79
				105700 /CENTRAL LINE PREPARATION PK,STRL,10/CS				
220	4.00	CS	4.00	NON026320	TE	853680115	43.90	175.60
				206900 /BAG,PATIENT BELONGING,RGD HDL,WHT,PRNT				
230	4.00	CS	4.00	MDS093944	TE	853680115	35.75	143.00
				701300 /SOLUTION,PREP,POVIDONE IODINE,4 OZ BTL				
240	3.00	CS	3.00	MSC095020	TE	853680115	34.53	103.59
				419000 /SHAMPOO,BABY/ADULT,4 OZ				
250	4.00	CS	4.00	KDL6146LL	TE	853680115	68.26	273.02
				310000 /TRAY,FOLEY CATHETER,16FR,5CC,ANTI-REFLUX				
290	4.00	CS	4.00	SWD850815	TE	853680115	85.03	340.11
				406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN				
HCPCS Code #: A4215								
300	2.00	CS	2.00	SWD850558	TE	853680115	86.93	173.86
				406600 /NEEDLE,SAFETY,25G X 5/8",MAGELLAN				
HCPCS Code #: A4215								
310	6.00	BX	6.00	SWD520657Z	TE	853680115	9.65	57.89
				407300 /SYRINGE, LUER LOCK, 20mL				
HCPCS Code #: A4213								
320	2.00	CS	2.00	SWD535762	TE	853680115	40.83	81.65
				407400 /SYRINGE,MONOJECT,35mL,LUER-LOCK TIP				
HCPCS Code #: A4213								
330	6.00	CS	6.00	B-D367342	TE	853680115	267.25	1,603.50
				409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"				
340	3.00	CS	3.00	SWD600777	TE	853680115	24.59	73.76
				408800 /SYRINGE, LL, 6mL				
HCPCS Code #: A4210								
350	8.00	BX	8.00	USU054887	TE	853680115	36.62	292.99
				405600 /STAPLER,SKIN,ROYAL,35 WIDE,DISPOSABLE				
360	1.00	CS	1.00	MDS057002	TE	853680115	15.00	15.00
				301400 /BANDAGE,ELASTIC,SURE-WRAP,2"X5YD,WHITE				
HCPCS Code #: A4649								
370	2.00	CS	2.00	MDS057004	TE	853680115	26.00	52.00
				301600 /BANDAGE,ELASTIC,SURE-WRAP,4"X5YD,WHITE				
HCPCS Code #: A6451								
380	6.00	EA	6.00	MDS169026	TE	853680115	11.22	67.32
				303600 /BINDER,ABDOMINAL,UNISIZE,30-45", 12"H				



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
390	8.00	EA	8.00	ORT21310LXL 303700 /BINDER,ABDOMINAL12",4-PANEL,PREM,LG/XL	TE	853680115	14.00	112.00
HCPCS Code #: L0625								
400	1.00	CS	1.00	SWD264960 304900 /TUBE,SALEM SUMP,ARGYLE,16FR,48"	TE	853680115	58.40	58.40
410	2.00	CS	2.00	SWD264986 305000 /TUBE,SALEM SUMP,ARGYLE,18FR,48"	TE	853680115	58.40	116.80
420	1.00	CS	1.00	BRN1313 305700 /RAZOR,TWIN BLADE,BLUE	TE	853680115	53.78	53.78
440	3.00	GR	3.00	MDS136000 602500 /TOOTHBRUSH,INDIVIDUALLY WRAPPED,30 TUFT	TE	853680115	8.83	26.49
450	2.00	GR	2.00	MDS137007 602600 /COMB,BLACK,7"	TE	853680115	6.67	13.34
460	2.00	CS	2.00	MMM132224MM 606700 /TAPE,INDICATOR,STEAM,LEAD FREE,1322,24MM	TE	853680115	76.97	153.94
470	1.00	CS	1.00	MDS092005 701400 /GEL,ULTRASOUND,8.5 OZ,SQUEEZE BOTTLE	TE	853680115	17.98	17.98
480	2.00	CS	2.00	BDF0231 702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3	TE	853680115	33.19	66.38
490	6.00	BX	6.00	MDS136405Z 706900 /CLEANSER,DENTURE,TABLETS	TE	853680115	4.50	27.00
500	2.00	RL	2.00	MDT221200 705800 /STOCKINETTE,UNBLEACHED,2"X 25YDS	TE	853680115	4.43	8.86
HCPCS Code #: A6457								
510	3.00	CS	3.00	DYND20302 801300 /TRAY,IRRIGATION,PISTON SYRINGE,60ML,STRL	TE	853680115	22.26	66.78
HCPCS Code #: A4320								
520	5.00	CS	5.00	LTP31013926 701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM	TE	853680115	57.66	288.31
Subtotal								
			Freight:	0.00	Tax:	0.00	8849.58	

GROSS	TAX AMOUNT	FREIGHT	TOTAL
9,792.39	0.00	0.00	\$9,792.39

Eligible Gross Amount \$9,792.39
Discount amount \$195.85 if recd. by 06/16/13

*Code
TE - Tax Exempt
C - Customer Freight



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930073

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON INVENTORY
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680742333	FEDEX GROUND	MEDLINE	1084466	USD	\$79.41

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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110	1.00	CS	1.00	DYNJP3060	TE,C	853680156	66.04	66.04
				DYNJP3060 /PACK,LAPAROTOMY,3 GOWNS				

Subtotal								
	Freight:		13.37	Tax:	0.00			66.04

GROSS	TAX AMOUNT	FREIGHT	TOTAL
66.04	0.00	13.37	\$79.41

Eligible Gross Amount \$66.04

Discount amount \$1.32 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063930073
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$79.41

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
HA06562	05/17/2013	1063931755

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694674	WAREHOUSE MOVES-MEDLINE	CUSTOMER	1084466	USD	\$50.89

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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60	2.00	EA	1.00	SNRC70921201	TE		40.94	40.94
				/SPLINT, HAND, POSITION, RIGHT, REGLR,LRG				

HCPCS Code #: L3999

Subtotal	Freight:	9.95	Tax:	0.00	40.94
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
40.94	0.00	9.95	\$50.89

Eligible Gross Amount \$40.94

Discount amount \$0.82 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063931755
Invoice Date	05/17/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$50.89

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176988	05/18/2013	1063964250

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432287590	FEDEX GROUND	CUSTOMER	1084466	USD	\$371.54

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	12.00	EA	12.00	MDS0816017	TE	853616382	11.90	142.80
				MDS0816017 /SCISSOR,DISSECTING,MAYO,STRAIGHT,6 3/4"				
20	12.00	EA	12.00	MDS1617025	TE	853616382	18.28	219.36
				MDS1617025 /FORCEP,SPONGE,FORESTER-BALLENGER,ST,10"				

Subtotal **Freight:** 9.38 **Tax:** 0.00 **362.16**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
362.16	0.00	9.38	\$371.54

Eligible Gross Amount \$362.16

Discount amount \$7.24 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964250
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$371.54

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176744	05/18/2013	1063964251

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652085	MEDTRANS	MEDLINE	1084466	USD	\$83.83

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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400	4.00	BX	3.00	PTX505070 311100 /TUBE,TRACH,CUFFED,DIC,7.0MM	TE	853693069	27.94	83.83
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Subtotal								
		Freight:	0.00		Tax:	0.00		83.83

GROSS	TAX AMOUNT	FREIGHT	TOTAL
83.83	0.00	0.00	\$83.83

Eligible Gross Amount \$83.83
Discount amount \$1.68 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964251
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$83.83

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/18/2013	1063964252

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON INVENTORY
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702385	MEDTRANS	MEDLINE	1084466	USD	\$70.13

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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100	1.00	CS	1.00	KDL7000LL 305500 /METER,URINE,PRECISION,400 ML,LUER LOCK	TE	853704683	70.13	70.13
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Subtotal								
	Freight:		0.00	Tax:	0.00			70.13

GROSS	TAX AMOUNT	FREIGHT	TOTAL
70.13	0.00	0.00	\$70.13

Eligible Gross Amount \$70.13

Discount amount \$1.40 if recd. by 06/17/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964252
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$70.13

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/18/2013	1063964253

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	MEDTRANS	MEDLINE	1084466	USD	\$218.60

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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60	1.00	BX	1.00	KOLVAC6000MT	TE	853704689	218.60	218.60
				KOLVAC6000MT /KIWI,W/TRACTION,FORCE INDICTOR				

Subtotal								
	Freight:	0.00		Tax:	0.00			218.60

GROSS	TAX AMOUNT	FREIGHT	TOTAL
218.60	0.00	0.00	\$218.60

Eligible Gross Amount \$218.60

Discount amount \$4.37 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964253
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$218.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/18/2013	1063964254

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON INVENTORY
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680743667	MEDTRANS	MEDLINE	1084466	USD	\$31.64

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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280	2.00	BX	2.00	MLK86452	TE	853704695	15.82	31.64
				0143100 /TUBE,ENDOTRACH,INTERMED,HI-LO,8.0 MM				

^0143100

Subtotal 999

Freight:	0.00	Tax:	0.00	31.64
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
31.64	0.00	0.00	\$31.64

Eligible Gross Amount \$31.64

Discount amount \$0.63 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964254
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$31.64

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR175732	05/18/2013	1063964255

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680337584	MEDTRANS	CUSTOMER	1084466	USD	\$137.12

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	3.00	BX	3.00	PTX504060	TE	853707729	23.96	71.87
				PTX504060 /TUBE,TRACH,UNCUFFED,DIC,6.0MM				

Subtotal								
	Freight:		65.25	Tax:		0.00		71.87

GROSS	TAX AMOUNT	FREIGHT	TOTAL
71.87	0.00	65.25	\$137.12

Eligible Gross Amount \$71.87

Discount amount \$1.44 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964255
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$137.12

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/18/2013	1063964256

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 MOUNT VERNON MISCELLANEOUS
 9 N 8TH AVE
 MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS	MEDLINE	1084466	USD	\$138.48

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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160	3.00	BX	3.00	HTP9823	TE	853707730	46.16	138.48
				HTP9823 /POUCH,COLLECTION,FECAL,DRAIN,10",500ML				

HCPCS Code #: A4330

Subtotal	Freight:	0.00	Tax:	0.00	138.48
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
138.48	0.00	0.00	\$138.48

Eligible Gross Amount \$138.48

Discount amount \$2.77 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964256
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$138.48

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177038	05/18/2013	1063964257

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753407	FEDEX GROUND	CUSTOMER	1084466	USD	\$37.38

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	EA	4.00	610NTHXS-CM	TE	853715674	3.76	15.04
				610NTHXS-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,XS				

Subtotal								
	Freight:		22.34	Tax:	0.00			15.04

GROSS	TAX AMOUNT	FREIGHT	TOTAL
15.04	0.00	22.34	\$37.38

Eligible Gross Amount \$15.04

Discount amount \$0.30 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964257
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$37.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177039	05/18/2013	1063964258

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753412	FEDEX GROUND	CUSTOMER	1084466	USD	\$49.92

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	EA	6.00	610NTHS-CM	TE	853715675	3.81	22.86
				610NTHS-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,SM				
20	6.00	EA	6.00	600NTHS-CM	TE	853715675	4.51	27.06
				600NTHS-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,SM				

Subtotal 49.92

Freight: 0.00 **Tax:** 0.00 49.92

GROSS	TAX AMOUNT	FREIGHT	TOTAL
49.92	0.00	0.00	\$49.92

Eligible Gross Amount \$49.92

Discount amount \$1.00 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964258
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$49.92

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177040	05/18/2013	1063964259

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753416	FEDEX GROUND	CUSTOMER	1084466	USD	\$233.82

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	26.00	EA	26.00	610NTHM-CM	TE	853715676	3.89	101.14
				610NTHM-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,MD				
20	26.00	EA	26.00	600NTHM-CM	TE	853715676	4.57	118.82
				600NTHM-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,MD				

Subtotal **Freight:** 13.86 **Tax:** 0.00 **219.96**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
219.96	0.00	13.86	\$233.82

Eligible Gross Amount \$219.96

Discount amount \$4.40 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964259
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$233.82

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177041	05/18/2013	1063964260

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753539	FEDEX GROUND	CUSTOMER	1084466	USD	\$87.80

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	10.00	EA	10.00	610NTHL-CM	TE	853715678	3.95	39.50
				610NTHL-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,LG				
20	10.00	EA	10.00	600NTHL-CM	TE	853715678	4.83	48.30
				600NTHL-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,LG				

Subtotal

Freight: 0.00 Tax: 0.00 87.80

GROSS	TAX AMOUNT	FREIGHT	TOTAL
87.80	0.00	0.00	\$87.80

Eligible Gross Amount \$87.80

Discount amount \$1.76 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964260
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$87.80

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177042	05/18/2013	1063964261

Sold To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753542	FEDEX GROUND	CUSTOMER	1084466	USD	\$18.20

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	EA	2.00	610NTHXL-CM /TOP,SCRUB,REV,A-STAT,CEIL,MDL-CC,XL	TE	853715679	4.18	8.36
20	2.00	EA	2.00	600NTHXL-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,XL	TE	853715679	4.92	9.84

Subtotal **18.20**
Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
18.20	0.00	0.00	\$18.20

Eligible Gross Amount \$18.20

Discount amount \$0.36 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
 SOUND SHORE MEDICAL CTR/500
 16 GUION PL
 NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964261
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$18.20

Remit To:
 Medline Industries, Inc.
 Box 382075
 Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177037	05/18/2013	1063964262

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753319	MEDTRANS	MEDLINE	1084466	USD	\$5,014.93

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	DYNJP2416 102500 /DRAPE,REIN 53X77,STERILE	TE	853715988	50.09	150.27
20	2.00	CS	2.00	DYNJP2725 104200 /GOWN,REINF,POLY,AURORA,XLNG/XL,STRL	TE	853715988	101.43	202.86
30	2.00	CS	2.00	DYNJP2707 107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL	TE	853715988	84.86	169.72
40	2.00	CS	2.00	DYNJP2708 107600 /GOWN,REINFORCED,POLY,AURORA,XLARGE,STRL	TE	853715988	90.22	180.44
50	4.00	CS	4.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853715988	285.11	1,140.44
60	2.00	CS	2.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853715988	635.20	1,270.40
70	20.00	CS	20.00	CUR9225 313100 /GLOVE,EXAM,STRETCH VINYL,M	TE	853715988	47.52	950.40
80	20.00	CS	20.00	CUR9226 CUR9226 /GLOVE,EXAM,STRETCH VINYL,L	TE	853715988	47.52	950.40

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964262
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$5,014.93

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177037	05/18/2013	1063964262

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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Subtotal **Freight:** 0.00 **Tax:** 0.00 **5014.93**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
5,014.93	0.00	0.00	\$5,014.93

Eligible Gross Amount \$5,014.93
Discount amount \$100.30 if recd. by 06/17/13

*Code
TE - Tax Exempt
C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177044	05/18/2013	1063964763

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753757	MEDTRANS	CUSTOMER	1084466	USD	\$533.00

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	BX	6.00	USU179094	TE	853715989	88.83	533.00
USU179094 /TROCAR,VERSAPORT V2,5MM								

Subtotal **533.00**

Freight: 0.00 **Tax:** 0.00 **533.00**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
533.00	0.00	0.00	\$533.00

Eligible Gross Amount \$533.00

Discount amount \$10.66 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964763
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$533.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177045	05/18/2013	1063964764

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753763	MEDTRANS	MEDLINE	1084466	USD	\$616.47

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	CS	2.00	MMM1626W	TE	853715991	141.62	283.24
MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75								

HCPCS Code #: A6258

30	1.00	CS	1.00	NON081652	TE	853715991	333.23	333.23
NON081652 /KIT,FOAM,JACKSON TABLE,12CS								

Subtotal								
	Freight:		0.00	Tax:		0.00		616.47

GROSS	TAX AMOUNT	FREIGHT	TOTAL
616.47	0.00	0.00	\$616.47

Eligible Gross Amount \$616.47

Discount amount \$12.33 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964764
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$616.47

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177046	05/18/2013	1063964765

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754114	MEDTRANS	CUSTOMER	1084466	USD	\$556.54

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	J-J800404	TE	853715993	556.54	556.54
				J-J800404 /DRSG, SILVERCEL ANTIMICROBIAL, 4.2"X4.2"				

Subtotal								
	Freight:		0.00	Tax:		0.00		556.54

GROSS	TAX AMOUNT	FREIGHT	TOTAL
556.54	0.00	0.00	\$556.54

Eligible Gross Amount \$556.54

Discount amount \$11.13 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964765
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$556.54

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment

EXHIBIT A - PART 2



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754289	MEDTRANS	MEDLINE	1084466	USD	\$4,055.09

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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130	3.00	CS	3.00	B-D367861 101600 /TUBE,WHOLE BLOOD,LVNR,ADD,13X75MM,4ML	TE	853717108	65.00	194.99
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190	2.00	CS	2.00	BRD0140100 503800 /KIT,CATHETER,SUCTION,RED RU88ER,14/16 FR	TE	853717108	58.26	116.52
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200	2.00	BX	2.00	MLK86452 0143100 /TUBE,ENDOTRACH,INTERMED,HI-LO,8.0 MM	TE	853717108	15.82	31.64
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Subtotal 999

Freight:	0.00	Tax:	0.00	343.15
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20	1.00	CS	1.00	NON21430LF 600300 /GAUZE,SPONGE,4"X4",16PLY,XRAY,STRL,LF	TE	853717108	78.05	78.05
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HCPCS Code #: A6402

Subtotal 400

Freight:	0.00	Tax:	0.00	78.05
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CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964766
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$4,055.09

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS	2.00	MDS251518RNG 104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK	TE	853717108	64.99	129.98
30	2.00	CS	2.00	BXT65651930C 120100 /LINER,SUCTION,FLEX ADV,3000 CC	TE	853717108	93.56	187.12
40	1.00	CS	1.00	MSG1060 604300 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6	TE	853717108	157.71	157.71
50	2.00	CS	2.00	MSG1065 604400 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6.5	TE	853717108	157.71	315.42
60	3.00	CS	3.00	MSG1075 604600 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7.5	TE	853717108	157.71	473.13
80	3.00	CS	3.00	AUG42268 130700 /BLANKET,WARM,UP BODY WH 74X24	TE	853717108	63.28	189.85
90	1.00	CS	1.00	NON21453 307200 /PAD,ABDOMINAL,8"X7.5",STERILE,LF,1/PK	TE	853717108	22.72	22.72
HCPCS Code #: A6253								
100	2.00	CS	2.00	DYNC8522 300600 /BEDPAN,FRACTURE,GRAPHITE,24 EA	TE	853717108	14.26	28.52
110	3.00	CS	3.00	NON27385 104800 /MASK,FACE,WHITE,HYPOALLERGENIC,FILTER	TE	853717108	31.74	95.22
120	2.00	CS	2.00	HUD1041 106800 /MASK,OXYGEN,UND CHIN,MED CONC ADULT	TE	853717108	27.12	54.24
140	4.00	CS	4.00	CLH49100 201400 /DEODORIZER,GERMICIDAL,CITRACE,14 OZ	TE	853717108	72.97	291.88
150	2.00	CS	2.00	DYND80535 204800 /PITCHER,HANDLE,W/LID,GRAPHITE	TE	853717108	25.51	51.02
160	1.00	CS	1.00	NON024215 205200 /CUP,PAPER,SOUFFLE,.75 OZ	TE	853717108	30.29	30.29
170	5.00	CS	5.00	CTR000413 606100 /MOUTHWASH,ALCOHOL FREE,4 OZ	TE	853717108	19.59	97.95
180	2.00	CS	2.00	DYND50216 601800 /TUBING,SUCTION,CONNECTING,3/16"X6',STRL	TE	853717108	22.54	45.08
HCPCS Code #: A7002								
210	2.00	CS	2.00	SWD81882812 406800 /SYRINGE,MAGELLAN,TB,1mL,28X 1/2"	TE	853717108	133.26	266.52
220	2.00	CS	2.00	NON25600 702900 /BANDAGE,ADHESIVE,PLASTIC,1"X3",STRL,LF	TE	853717108	22.00	44.00
HCPCS Code #: A6413								
230	1.00	CS	1.00	SGE6512 708000 /SWAB,ORAL,SUCTION,PEROX MINT,SOD BICARB	TE	853717108	80.34	80.34
240	50.00	CS	50.00	CRI4001 0141900 /GOWN,COVER,SPNBND,WST-NECK TIE,YEL,XLG	TE	853717108	17.28	864.00
250	2.00	BX	2.00	HTP9799 803300 /FASTENER,ANCHOR FAST ORAL ENDOTRACH TUBE	TE	853717108	104.45	208.90

HCPCS Code #: A9900 OR A9999



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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Subtotal **3633.89**

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
4,055.09	0.00	0.00	\$4,055.09

Eligible Gross Amount \$4,055.09

Discount amount \$81.10 if recd. by 06/17/13

***Code**

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177049	05/18/2013	1063964767

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754290	MEDTRANS	MEDLINE	1084466	USD	\$2,104.03

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	DYNJ09914F	TE	853717109	225.58	451.16
				DYNJ09914F /MT VERNON LAPAROTOMY PACK				
20	3.00	CS	3.00	DYNJ09913D	TE	853717109	161.27	483.81
				DYNJ09913D /ARTHROSCOPY PACK				
30	9.00	CS	9.00	DYNJ25046B	TE	853717109	114.34	1,029.06
				DYNJ25046B /MINOR PACK				
50	2.00	CS	2.00	DYNJP2002	TE	853717109	70.00	140.00
				DYNJP2002 /GOWN, NON-REINFORCED, XL, W/TOWEL, STERILE				

Subtotal **2104.03**

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,104.03	0.00	0.00	\$2,104.03

Eligible Gross Amount \$2,104.03

Discount amount \$42.08 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063964767
Invoice Date 05/18/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$2,104.03

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177048	05/18/2013	1063964768

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754299	MEDTRANS	MEDLINE	1084466	USD	\$435.72

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	CS	5.00	UTD66020016	TE	853717110	87.14	435.72
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UTD66020016 /BANDAGE,COMPRESSION,MULTILAYER,PROFORE

HCPCS Code #: A6207 + A6441 + A6443 + A6449 + A6454

Subtotal	Freight:	0.00	Tax:	0.00	435.72
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
435.72	0.00	0.00	\$435.72

Eligible Gross Amount \$435.72

Discount amount \$8.71 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1063964768
Invoice Date	05/18/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$435.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176926	05/20/2013	1063975632

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228985	VENDOR	CUSTOMER	1084466	USD	\$357.52

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	QTX30056CS	TE		78.89	78.89
				/SPONGE,NEURO,1/2" X 1 1/2",STERILE				
20	1.00	CS	1.00	QTX30057	TE		78.89	78.89
				/SPONGE,NEURO,1/2X3",STER,20CS				
30	1.00	CS	1.00	QTX30055	TE		78.89	78.89
				/SPONGE,NEURO,1/2X1",STER,20CS				

Subtotal Freight: 120.85 Tax: 0.00 236.67

GROSS	TAX AMOUNT	FREIGHT	TOTAL
236.67	0.00	120.85	\$357.52

Eligible Gross Amount \$236.67

Discount amount \$4.73 if recd. by 06/19/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063975632
Invoice Date 05/20/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$357.52

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176994	05/20/2013	1063975633

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502
GLN: 1100003520297

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432324636	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$2,338.42

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	EA	6.00	REP110027 TE			60.92	365.52
				/TA6048L @TA DST SERIES LOADING UNIT (GRE				
20	6.00	EA	6.00	REP114566 TE			56.58	339.48
				/TA3048L @TA DST SERIES SG USE LOADING UN				
30	12.00	EA	12.00	REP114568 TE			63.58	762.96
				/TA9048L @TA DST SERIES LOADING UNIT (GRE				
40	12.00	EA	12.00	REP114569 TE			63.58	762.96
				/TA9035L @TA DST SERIES LOADING UNIT (BLU				
50	1.00	EA	1.00	REP114563 TE			87.50	87.50
				/DSO-009 @POLYPECTOMY SNARE OVAL (WHITE)				

Subtotal **Freight:** 20.00 **Tax:** 0.00 **2318.42**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1063975633
Invoice Date 05/20/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$2,338.42

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176994	05/20/2013	1063975633

Ship To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502
GLN: 1100003520297

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,318.42	0.00	20.00	\$2,338.42

Eligible Gross Amount \$2,318.42

Discount amount \$46.37 if recd. by 06/19/13

***Code**

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR175183/REORDER	05/21/2013	1064008860

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432178370	FEDEX GROUND	CUSTOMER	1084466	USD	\$64.10

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	EA	4.00	83044QHWXL	TE	853409222	10.51	42.04
				83044QHWXL /COAT,LAB,UNISEX,WHITE,KNEE LENGTH,XL				
				EMB00500			3.50	14.00
				/Embroidery 1 Placement: 1 Logo				
Subtotal :							14.01	56.04
Subtotal								
			Freight:	8.06	Tax:	0.00		56.04

GROSS	TAX AMOUNT	FREIGHT	TOTAL
56.04	0.00	8.06	\$64.10

Eligible Gross Amount \$56.04

Discount amount \$1.12 if recd. by 06/20/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064008860
Invoice Date 05/21/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$64.10

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/21/2013	1064008861

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	FEDEX GROUND	MEDLINE	1084466	USD	\$146.70

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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140	2.00	EA	2.00	MDS0893723	TE	853737428	73.35	146.70
				/SHEARS,PLASTER,BRUNS,SAW EDGE,9 1/2"				

Subtotal								
	Freight:		0.00	Tax:		0.00		146.70

GROSS	TAX AMOUNT	FREIGHT	TOTAL
146.70	0.00	0.00	\$146.70

Eligible Gross Amount \$146.70

Discount amount \$2.93 if recd. by 06/20/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064008861
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$146.70

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177082	05/21/2013	1064008862

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432366193	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	\$772.64

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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SHIP NEXT DAY TO ARR 5/21 STANDARD DEL-SHIPING OK'D PER LOUISA TANGO

10	2.00	CS	2.00	UTD66800795	TE	853768766	201.40	402.80
				UTD66800795 /KIT,SOFT PORT,FOAM,MEDIUM,RENASYS				
20	1.00	CS	1.00	UTD66800912	TE	853768766	259.34	259.34
				UTD66800912 /CANISTER,EZPLUS,800CC,SOFT PORT,RENASYS				

Subtotal Freight: 110.50 Tax: 0.00 **662.14**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
662.14	0.00	110.50	\$772.64

Eligible Gross Amount \$662.14

Discount amount \$13.24 if recd. by 06/20/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064008862
Invoice Date 05/21/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$772.64

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/21/2013	1064010872

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	VENDOR	MEDLINE	1084466	USD	\$48.08

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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310	2.00	EA	2.00	MDS1826004	TE		24.04	48.08
/RETRACTOR,MURPHY RAKE,4-PRONG,SHARP,7.75								

Subtotal								
	Freight:	0.00		Tax:	0.00			48.08

GROSS	TAX AMOUNT	FREIGHT	TOTAL
48.08	0.00	0.00	\$48.08

Eligible Gross Amount \$48.08

Discount amount \$0.96 if recd. by 06/20/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064010872
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$48.08

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176297	05/21/2013	1064010873

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432232131	VENDOR	CUSTOMER	1084466	USD	\$476.58

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	SKR207559	TE		231.42	462.83
SKR207559 /KIT,SURGILAV PLUS,HANDPIECE SET,W/MULTI								

Subtotal **462.83**

Freight: 13.75 **Tax: 0.00** **462.83**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
462.83	0.00	13.75	\$476.58

Eligible Gross Amount \$462.83

Discount amount \$9.26 if recd. by 06/20/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064010873
Invoice Date 05/21/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$476.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176981	05/21/2013	1064010874

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432280338	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$2,763.96

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	EA	2.00	W-A42NTBE1	TE		1,375.59	2,751.18
/MONITOR,SPOT VITAL,NIBP,NELLCOR,TEMP								

Subtotal								
	Freight:		12.78	Tax:	0.00			2751.18

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,751.18	0.00	12.78	\$2,763.96

Eligible Gross Amount \$2,751.18

Discount amount \$55.02 if recd. by 06/20/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064010874
Invoice Date	05/21/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$2,763.96

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176941	05/22/2013	1064047833

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432247717	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	\$663.50

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	UTD66800795	TE	853539934	201.40	402.80
/KIT,SOFT PORT,FOAM,MEDIUM,RENASYS								

Subtotal								
	Freight:	260.70		Tax:	0.00			402.80

GROSS	TAX AMOUNT	FREIGHT	TOTAL
402.80	0.00	260.70	\$663.50

Eligible Gross Amount \$402.80

Discount amount \$8.06 if recd. by 06/21/13

** Special Ship-To

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047833
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$663.50

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176969	05/22/2013	1064047834

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722516	FEDEX GROUND	CUSTOMER	1084466	USD	\$409.43

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	UTD66800912 /CANISTER,EZPLUS,800CC,SOFT PORT,RENASYS	TE	853581443	229.84	229.84
20	1.00	CS	1.00	UTD66800934 /KIT,GZE,DRSNG,W/SOFT PORT,MD,RENASYS-G	TE	853581443	169.01	169.01

HCPSC Code #: A6550

Subtotal

Freight: 10.58 **Tax:** 0.00 **398.85**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
398.85	0.00	10.58	\$409.43

Eligible Gross Amount \$398.85

Discount amount \$7.98 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064047834
Invoice Date 05/22/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$409.43

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176632	05/22/2013	1064047835

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680620936	MEDTRANS	CUSTOMER	1084466	USD	\$455.93

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	BX	5.00	CVC610838	TE	853733681	89.17	445.85
CVC610838 /COVER NEOGUARD,NON-STERILE 1.6" X 11.8"								

Subtotal								
	Freight:		10.08		Tax:	0.00		445.85

GROSS	TAX AMOUNT	FREIGHT	TOTAL
445.85	0.00	10.08	\$455.93

Eligible Gross Amount \$445.85

Discount amount \$8.92 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047835
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$455.93

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/22/2013	1064047836

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS	MEDLINE	1084466	USD	\$11.28

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	10.00	EA	1.00	ORT16020LXL	TE	853733921	11.28	11.28
ORT16020LXL /IMMOBILIZER,SHOULDER,SLING&SWATH,L/XL,EA								

HCPCS Code #: L3670

Subtotal								
	Freight:		0.00		Tax:	0.00		11.28

GROSS	TAX AMOUNT	FREIGHT	TOTAL
11.28	0.00	0.00	\$11.28

Eligible Gross Amount \$11.28

Discount amount \$0.23 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047836
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$11.28

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176779	05/22/2013	1064047837

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680662901	MEDTRANS	CUSTOMER	1084466	USD	\$218.78

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	3.00	VSI303	TE	853733922	48.74	146.21
				VSI303 /FILTER,RESPIGUARD 2,GENERAL PURPOSE				

Subtotal								
	Freight:		72.57	Tax:	0.00			146.21

GROSS	TAX AMOUNT	FREIGHT	TOTAL
146.21	0.00	72.57	\$218.78

Eligible Gross Amount \$146.21

Discount amount \$2.92 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047837
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$218.78

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/22/2013	1064047838

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$417.55

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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120	3.00	CS	3.00	B-D364902	TE	853734342	139.18	417.55
				101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK				

101300

Subtotal 999

Freight:	0.00	Tax:	0.00	417.55
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
417.55	0.00	0.00	\$417.55

Eligible Gross Amount \$417.55

Discount amount \$8.35 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047838
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$417.55

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment

**I N V O I C E**

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177073	05/22/2013	1064047839

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680763305	MEDTRANS	CUSTOMER	1084466	USD	\$59.20

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	MDS202000 304000 /APPLICATOR,COTTON-TIP,WOOD,6",STERILE	TE	853762366	29.60	59.20
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Subtotal								
		Freight:	0.00		Tax:	0.00		59.20

GROSS	TAX AMOUNT	FREIGHT	TOTAL
59.20	0.00	0.00	\$59.20

Eligible Gross Amount \$59.20

Discount amount \$1.18 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

R E M I T T A N C E

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047839
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$59.20

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177122	05/22/2013	1064047840

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432385051	FEDEX GROUND	CUSTOMER	1084466	USD	\$581.25

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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GROUND RUSH MUST SHIP TODAY 5/21

10	2.00	BX	2.00	SKE0250070500	TE	853805091	286.23	572.45
SKE0250070500 /IRRIGATOR, SUCTION, STRYKEFLOW 10' TUBE								

Subtotal	Freight:	8.80	Tax:	0.00	572.45			
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
572.45	0.00	8.80	\$581.25

Eligible Gross Amount \$572.45

Discount amount \$11.45 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064047840
Invoice Date	05/22/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$581.25

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR175069	05/23/2013	1064084329

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680128945	MEDTRANS	MEDLINE	1084466	USD	\$71.84

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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80	5.00	BX	4.00	PTX100126035	TE	853745592	17.96	71.84
				PTX100126035 /TUBE,ENDOTRACH,BLUE LINE,MURPHY,3.5MM				

Subtotal

Freight:	0.00	Tax:	0.00	71.84
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
71.84	0.00	0.00	\$71.84

Eligible Gross Amount \$71.84

Discount amount \$1.44 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084329
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$71.84

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176688	05/23/2013	1064084331

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680642750	MEDTRANS	MEDLINE	1084466	USD	\$307.10

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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90	6.00	BX	6.00	USUCL543	TE	853776754	51.18	307.10
				USUCL543 /SUTURE,POLYSORB 2/0 30 U/D GS-11 213Q				

Subtotal

Freight:	0.00	Tax:	0.00	307.10
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
307.10	0.00	0.00	\$307.10

Eligible Gross Amount \$307.10

Discount amount \$6.14 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084331
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$307.10

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176744	05/23/2013	1064084332

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652085	MEDTRANS	MEDLINE	1084466	USD	\$441.41

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	BX	3.00	USUBW25G	TE	853776756	58.37	175.10
				400300 /WAX,BONE,NON-ABSORBABLE,2.5G				
20	4.00	BX	3.00	USUSN5699G	TE	853776756	33.35	100.06
				403300 /SUTURE,MONOSOF,BLACK,4/0,18",P-13				
50	3.00	BX	3.00	USUL72	TE	853776756	55.42	166.25
				410000 /SUTURE,POLY,3/0,3X18",VIOLET,TIES,45 CM				

Subtotal **441.41**

Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
441.41	0.00	0.00	\$441.41

Eligible Gross Amount \$441.41

Discount amount \$8.83 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084332
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$441.41

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176502	05/23/2013	1064084334

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680585417	MEDTRANS	MEDLINE	1084466	USD	\$16.68

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	6.00	CS	6.00	PTX100322100	TE	853777033	2.78	16.68
				PTX100322100 /AIRWAY, 10.0 CM, GUEDEL, DISP				

Subtotal								
	Freight:	0.00		Tax:	0.00			16.68

GROSS	TAX AMOUNT	FREIGHT	TOTAL
16.68	0.00	0.00	\$16.68

Eligible Gross Amount \$16.68

Discount amount \$0.33 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084334
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$16.68

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/23/2013	1064084335

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$163.94

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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350	3.00	BX	2.00	USUCL813	TE	853777768	44.26	88.51
				410500 /SUTURE,POLYSORB 1 30 VIOLET GS-21 01Q				
370	3.00	BX	2.00	USUSL5628G	TE	853777768	37.72	75.43
				410700 /SUTURE,POLYSORB 3/0 18" UNDYED P12				

Subtotal 163.94

Freight: 0.00 **Tax:** 0.00 163.94

GROSS	TAX AMOUNT	FREIGHT	TOTAL
163.94	0.00	0.00	\$163.94

Eligible Gross Amount \$163.94

Discount amount \$3.28 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084335
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$163.94

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/23/2013	1064084337

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726530	MEDTRANS	MEDLINE	1084466	USD	\$70.13

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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190	1.00	CS	1.00	KDL7000LL 305500 /METER,URINE,PRECISION,400 ML,LUER LOCK	TE	853777780	70.13	70.13
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Subtotal								
	Freight:		0.00	Tax:		0.00		70.13

GROSS	TAX AMOUNT	FREIGHT	TOTAL
70.13	0.00	0.00	\$70.13

Eligible Gross Amount \$70.13
Discount amount \$1.40 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084337
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$70.13

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176887	05/23/2013	1064084339

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	\$505.56

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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30	4.00	CS	4.00	FSC14377251 807200 /SYSTEM, COLLECTION URINE	TE	853777818	126.39	505.56
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Subtotal

Freight:	0.00	Tax:	0.00	505.56
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
505.56	0.00	0.00	\$505.56

Eligible Gross Amount \$505.56

Discount amount \$10.11 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084339
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$505.56

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176779	05/23/2013	1064084340

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680662901	MEDTRANS	CUSTOMER	1084466	USD	\$191.99

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	5.00	CS	5.00	HUD1589	TE	853780516	38.40	191.99
				HUD1589 /EXCHANGER,HEAT/MOIST,HCH,1HS				

Subtotal								
	Freight:		0.00	Tax:		0.00		191.99

GROSS	TAX AMOUNT	FREIGHT	TOTAL
191.99	0.00	0.00	\$191.99

Eligible Gross Amount \$191.99

Discount amount \$3.84 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084340
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$191.99

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176810	05/23/2013	1064084341

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	MEDTRANS	MEDLINE	1084466	USD	\$338.37

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	3.00	CS	3.00	HUD1691	TE	853780518	112.79	338.37
				/CANNULA,NASAL,CPAP INFANT/SIZE 1				

Subtotal								
	Freight:		0.00	Tax:		0.00		338.37

GROSS	TAX AMOUNT	FREIGHT	TOTAL
338.37	0.00	0.00	\$338.37

Eligible Gross Amount \$338.37

Discount amount \$6.77 if recd. by 06/22/13

***Code**

TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084341
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$338.37

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176810	05/23/2013	1064084342

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	MEDTRANS	MEDLINE	1084466	USD	\$216.49

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	2.00	HUD1693 HUD1693 /CANNULA, NASAL, CPAP, INFANT, SIZE 3	TE	853781632	108.25	216.49
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Subtotal								
	Freight:		0.00		Tax:	0.00		216.49

GROSS	TAX AMOUNT	FREIGHT	TOTAL
216.49	0.00	0.00	\$216.49

Eligible Gross Amount \$216.49

Discount amount \$4.33 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084342
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$216.49

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176911	05/23/2013	1064084343

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703071	MEDTRANS	CUSTOMER	1084466	USD	\$173.88

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	CS	2.00	KDLCT5000 /GOWN,CHEMO,PLUS,BLUE,REGULAR	TE	853782153	86.94	173.88
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Subtotal

Freight:	0.00	Tax:	0.00	173.88
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
173.88	0.00	0.00	\$173.88

Eligible Gross Amount \$173.88

Discount amount \$3.48 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084343
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$173.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176932	05/23/2013	1064084344

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709795	MEDTRANS	CUSTOMER	1084466	USD	\$75.69

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	LTP30806718	TE	853782154	37.85	75.69
LTP30806718 /PASTE,CONDUCTIVE,EEG,8OZ JAR,TEN20								

Subtotal								
	Freight:		0.00	Tax:		0.00		75.69

GROSS	TAX AMOUNT	FREIGHT	TOTAL
75.69	0.00	0.00	\$75.69

Eligible Gross Amount \$75.69

Discount amount \$1.51 if recd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084344
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$75.69

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680769925	MEDTRANS	MEDLINE	1084466	USD	\$8,146.57

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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80	1.00	CS	1.00	B-D367986	TE	853792605	159.39	159.39
				100400 /TUBE,SERUM,GOLD,CLOT ACTIVE,13X100MM,5M				

100400

90	1.00	CS	1.00	B-D367814	TE	853792605	73.97	73.97
				100500 /TUBE,SERUM,PLSTC,RED,CLOT,13X100MM,5ML				

100500

Subtotal 999

Freight:	0.00	Tax:	0.00	233.36
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210	8.00	BX	8.00	OMMAT0704Z	TE	853792605	28.00	224.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				

521400

HCPCS Code #: A4259

Subtotal 500

Freight:	0.00	Tax:	0.00	224.00
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10	3.00	CS	3.00	BXT65651920C	TE	853792605	81.46	244.37
				607400 /LINER,SUCTION,FLEX ADV,1500 CC				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084345
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$8,146.57

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	1.00	CS	1.00	MSG1085	TE	853792605	157.71	157.71
				604800 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8.5				
30	3.00	CS	3.00	MSG1070	TE	853792605	157.71	473.13
				604500 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7				
40	3.00	CS	3.00	MSG1080	TE	853792605	157.71	473.13
				604700 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,8				
50	5.00	CS	5.00	NON03007	TE	853792605	51.75	258.75
				205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT				
60	4.00	CS	4.00	DTM8J8	TE	853792605	27.77	111.08
				205100 /CUP,STYROFOAM,8 OZ				
70	2.00	CS	2.00	HUD1059	TE	853792605	50.51	101.02
				107400 /MASK,OXYGEN,NON-REBREATH,ADULT				
100	50.00	CS	50.00	CUR9226	TE	853792605	47.52	2,376.00
				CUR9226 /GLOVE,EXAM,STRETCH VINYL,L				
110	5.00	CS	5.00	DYND80347	TE	853792605	16.50	82.50
				707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT				
130	1.00	CS	1.00	BRD0038460	TE	853792605	77.50	77.50
				305400 /SYRINGE,TOOMEY,70CC -ORDR QTY 50				
140	3.00	CS	3.00	KDL6148LL	TE	853792605	68.26	204.77
				310100 /TRAY,FOLEY CATHETER,18FR,10ML,ANTI-RFLUX				
150	1.00	CS	1.00	NONTP85DS	TE	853792605	230.43	230.43
				419100 /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,.85OZ				
160	3.00	CS	3.00	DYND50216	TE	853792605	22.54	67.62
				601800 /TUBING,SUCTION,CONNECTING,3/16"X6",STRL				
HCPCS Code #: A7002								
170	1.00	CS	1.00	DYND50211	TE	853792605	15.41	15.41
				601900 /TUBING,SUCTION,CONNECTING,3/16"X20",STR				
HCPCS Code #: A7002								
180	1.00	CS	1.00	CUR095005	TE	853792605	23.47	23.47
				CUR095005 /ENEMA,PHOSPHATE,CURAD,1/PK,24PK/CS				
190	2.00	PK	2.00	SDJ7981001	TE	853792605	76.17	152.33
				304400 /SUPPORT,PERSONAL,HEEL,ELBOW				
HCPCS Code #: E0191								
200	3.00	BX	3.00	MDS098001Z	TE	853792605	8.50	25.50
				309900 /HYDROGEN PEROXIDE,USP 3%,16OZ				
220	3.00	GR	3.00	MDS137007	TE	853792605	6.67	20.01
				602600 /COMB,BLACK,7"				
230	2.00	CS	2.00	NON260101	TE	853792605	93.79	187.58
				607600 /TAPE,CLOTH/SILK,CURAD,1"X10YD,LF				
HCPCS Code #: A4450								
240	10.00	CS	10.00	NPBMAXA	TE	853792605	235.22	2,352.23
				702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25				



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
250	4.00	BX	4.00	MMM29503ZZ 703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD	TE	853792605	9.52	38.06
HCPCS Code #: A4450								
260	1.00	CS	1.00	DYND80327 800200 /BASIN,EMESIS,GRAPHITE,500ML	TE	853792605	16.61	16.61
Subtotal								
			Freight:	0.00	Tax:	0.00	7689.21	

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,146.57	0.00	0.00	\$8,146.57

Eligible Gross Amount \$8,146.57

Discount amount \$162.93 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177093	05/23/2013	1064084346

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770069	MEDTRANS	CUSTOMER	1084466	USD	\$336.74

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	5.00	BX	5.00	MLK8DIC MLK8DIC /CANNULA,INNER,SIZE 8,DISPOSABLE	TE	853792606	37.42	187.08
30	4.00	BX	4.00	MLK6DIC MLK6DIC /CANNULA,INNER,SHILEY,SIZE 6,DISP	TE	853792606	37.42	149.66

Subtotal **Freight:** 0.00 **Tax:** 0.00 **336.74**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
336.74	0.00	0.00	\$336.74

Eligible Gross Amount \$336.74

Discount amount \$6.73 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084346
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$336.74

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177095	05/23/2013	1064084347

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770312	MEDTRANS	CUSTOMER	1084466	USD	\$448.86

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	BX	5.00	DYND300040	TE	853792607	32.26	161.30
				DYND300040 /MASK,LARYNGEAL,SZ 4,PVC,DISPOSABLE				
30	5.00	CS	5.00	B-D305062	TE	853792607	57.51	287.56
				B-D305062 /SYRINGE, BLUNT FILL, 5mL,18GX 1 1/2"				

Subtotal **448.86**
Freight: 0.00 **Tax:** 0.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
448.86	0.00	0.00	\$448.86

Eligible Gross Amount \$448.86

Discount amount \$8.98 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084347
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$448.86

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177106	05/23/2013	1064084348

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770802	MEDTRANS	MEDLINE	1084466	USD	\$591.99

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	BX	4.00	USUSN5696G	TE	853792608	33.35	133.41
				USUSN5696G /SUTURE,MONOSOF,BLACK,6/0,18",P-13				
20	10.00	EA	10.00	BAA010020	TE	853792608	37.95	379.50
				BAA010020 /TUBE,FEEDING,GASTRO,20FR,SILICONE,MIC				
40	4.00	CS	4.00	MDS077002	TE	853792608	19.77	79.08
				MDS077002 /BANDAGE,ELASTIC,SWIFT-WRAP,2"X5YD,VELCRO				

HCPCS Code #: A4649

Subtotal Freight: 0.00 Tax: 0.00 591.99

GROSS	TAX AMOUNT	FREIGHT	TOTAL
591.99	0.00	0.00	\$591.99

Eligible Gross Amount \$591.99

Discount amount \$11.84 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084348
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$591.99

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177107	05/23/2013	1064084349

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770846	MEDTRANS	MEDLINE	1084466	USD	\$2,180.87

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	72.00	EA	72.00	ORT11300M	TE	853792609	3.12	224.64
ORT11300M /SLING,ARM,DEEP POCKET,NECK PAD,MED								

HCPCS Code #: A4565

20	42.00	EA	42.00	ORT11300L	TE	853792609	3.49	146.58
ORT11300L /SLING,ARM,DEEP POCKET,NECK PAD,LG								

HCPCS Code #: A4565

30	24.00	EA	24.00	ORT2441020M	TE	853792609	19.82	475.68
ORT2441020M /IMMOBILIZER,KNEE,DELUXE,20",MD,EA								

HCPCS Code #: L1830

40	24.00	EA	24.00	ORT2441020L	TE	853792609	19.82	475.68
ORT2441020L /IMMOBILIZER,KNEE,DELUXE,20",LG,EA								

HCPCS Code #: L1830

50	1.00	CS	1.00	J-J7367	TE	853792609	113.15	113.15
/BANDAGE,PLASTER,X-FAST SET,4" x 5YDS								

60	24.00	EA	24.00	ORT27100	TE	853792609	13.31	319.44
ORT27100 /SUPPORT,ANKLE,STIRRUP,FOAM,UNIV,EA								

HCPCS Code #: L4350

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084349
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$2,180.87

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177107	05/23/2013	1064084349

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	10.00	BX	10.00	MMM82004	TE	853792609	34.03	340.26
				MMM82004 /TAPE, CASTING, WHITE, 4" X 4 YDS				
80	24.00	EA	24.00	ORT11300XL	TE	853792609	3.56	85.44
				ORT11300XL /SLING,ARM,DEEP POCKET,NECK PAD,XL				

HCPCS Code #: A4565

Subtotal **Freight:** **0.00** **Tax:** **0.00** **2180.87**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,180.87	0.00	0.00	\$2,180.87

Eligible Gross Amount \$2,180.87

Discount amount \$43.62 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177110	05/23/2013	1064084350

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680771093	MEDTRANS	MEDLINE	1084466	USD	\$9,858.25

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	B-D371603	TE	853792610	133.09	133.09
				102000 /BRUSH,SCRUB,DRY,STERILE -ORDR QTY 300				

102000

Subtotal 999

Freight:	0.00	Tax:	0.00	133.09
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20	2.00	CS	2.00	NON22535	TE	853792610	30.87	61.74
				102410 /STOCKINETTE,IMPERVIOUS,12X48,STERILE				

102410

HCPCS Code #: A6457

120	4.00	CS	4.00	DYKD2002M	TE	853792610	50.78	203.12
				601000 /KIT,MATERNITY,DELUXE				

601000

Subtotal 200

Freight:	0.00	Tax:	0.00	264.86
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30	3.00	CS	3.00	DYNJP8003	TE	853792610	61.79	185.37
				102800 /T-DRAPE,EXTREMITY,STERILE				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084350
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$9,858.25

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177110	05/23/2013	1064084350

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
40	3.00	CS	3.00	DYNJ24994C 104400 /BASIC PACK-LF	TE	853792610	348.72	1,046.16
50	2.00	CS	2.00	DYNJP2708 107600 /GOWN,REINFORCED,POLY,AURORA,XLARGE,STRL	TE	853792610	90.22	180.44
60	6.00	CS	6.00	CDS981068D CDS981068D /EXTREMITY PROCEDURE	TE	853792610	74.24	445.44
70	3.00	CS	3.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853792610	285.11	855.33
80	10.00	CS	10.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853792610	635.20	6,352.00
90	4.00	CS	4.00	NON27202XL 120400 /SHIRT,SCRUB,VNECK,BLUE,XLG,DISPOSABLE	TE	853792610	23.89	95.56
110	3.00	CS	3.00	DYNJAA4836A 130100 /CIRCUIT,ANESTHESIA,ADULT	TE	853792610	100.00	300.00
Subtotal								
Freight:				0.00	Tax:	0.00		9460.30
GROSS				9,858.25	TAX AMOUNT	0.00	FREIGHT	0.00
								TOTAL
								\$9,858.25

Eligible Gross Amount \$9,858.25

Discount amount \$197.17 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177118	05/23/2013	1064084351

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432379349	MEDTRANS	CUSTOMER	1084466	USD	\$208.08

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	DYNJWE402	TE	853794248	104.04	208.08
DYNJWE402 /EVACUATOR,400CC,PVC,10FR,1/8"								

Subtotal								
	Freight:		0.00	Tax:		0.00		208.08

GROSS	TAX AMOUNT	FREIGHT	TOTAL
208.08	0.00	0.00	\$208.08

Eligible Gross Amount \$208.08

Discount amount \$4.16 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084351
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$208.08

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177117	05/23/2013	1064084352

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680772306	MEDTRANS	MEDLINE	1084466	USD	\$5,292.23

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	CS	5.00	K-C62136	TE	853794824	93.95	469.77
				K-C62136 /WRAP,STERILIZATION,CSR,ONE-STEP,36"X36"				
20	8.00	CS	8.00	K-C62645	TE	853794824	98.90	791.23
				K-C62645 /WRAP,STERILIZATION,CSR,ONE-STEP,45"X45"				
30	2.00	CS	2.00	DYNJ05154LF	TE	853794824	28.28	56.56
				DYNJ05154LF /BANDAGE,ELASTIC,MATRIX,STERILE,4"X5YD,LF				
HCPSC Code #:	A6449							
40	3.00	CS	3.00	DYNJ05156LF	TE	853794824	37.50	112.50
				DYNJ05156LF /BANDAGE,ELASTIC,MATRIX,STERILE,6"X5YD,LF				
HCPSC Code #:	A6450							
50	2.00	CS	2.00	MMM5122	TE	853794824	157.96	315.92
				MMM5122 /THERMOMETER,TEMPADOT,ORAL/AXILLARY,(F)				
60	20.00	CS	20.00	MDS601M	TE	853794824	115.00	2,300.00
				MDS601M /GARMENT,MEDLINE,DVT,INTERMITTENT,CALF,MD				
HCPSC Code #:	A9900 OR A4600							
70	6.00	CS	6.00	SWD775100	TE	853794824	127.21	763.27
				SWD775100 /SPIKE,SAFETY PLUS,1000 ML FLUSH,EPUMP				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084352
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$5,292.23

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177117	05/23/2013	1064084352

Ship To:
 SOUND SHORE MISCELLANEOUS
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
90	3.00	CS	3.00	MSC32410 MSC32410 /GAUZE,BORDER,4"X10",(2X8"PAD),STERILE	TE	853794824	144.00	432.00
HCPCS Code #: A6219								
100	1.00	CS	1.00	DYND50315 /BOWL,STERILE,MEDIUM,16 OZ	TE	853794824	50.98	50.98
Subtotal								
			Freight:	0.00	Tax:	0.00	5292.23	

GROSS	TAX AMOUNT	FREIGHT	TOTAL
5,292.23	0.00	0.00	\$5,292.23

Eligible Gross Amount \$5,292.23

Discount amount \$105.84 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177095	05/23/2013	1064084353

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770312	FEDEX GROUND	CUSTOMER	1084466	USD	\$169.65

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	5.00	BX	5.00	DYND300050	TE	853807201	32.26	161.30
				DYND300050 /MASK,LARYNGEAL,SZ 5,PVC,DISPOSABLE				

Subtotal								
	Freight:		8.35	Tax:	0.00			161.30

GROSS	TAX AMOUNT	FREIGHT	TOTAL
161.30	0.00	8.35	\$169.65

Eligible Gross Amount \$161.30
Discount amount \$3.23 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084353
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$169.65

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/23/2013	1064084354

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$133.41

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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400	4.00	BX	4.00	USUSN5699G 403300 /SUTURE,MONOSOF,BLACK,4/0,18",P-13	TE	853820098	33.35	133.41
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Subtotal								
	Freight:		0.00		Tax:	0.00		133.41

GROSS	TAX AMOUNT	FREIGHT	TOTAL
133.41	0.00	0.00	\$133.41

Eligible Gross Amount \$133.41
Discount amount \$2.67 if recd. by 06/22/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064084354
Invoice Date 05/23/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$133.41

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084355

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680769925	MEDTRANS	MEDLINE	1084466	USD	\$556.74

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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120	4.00	CS	4.00	B-D364902	TE	853820099	139.19	556.74
				101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK				

101300

Subtotal 999

Freight:	0.00	Tax:	0.00	556.74
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
556.74	0.00	0.00	\$556.74

Eligible Gross Amount \$556.74

Discount amount \$11.13 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084355
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$556.74

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176887	05/23/2013	1064084356

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	\$95.14

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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360	1.00	CS	1.00	MMM29500	TE	853820419	95.14	95.14
MMM29500 /TAPE,CLOTH,SURGICAL,ADHESIVE,1/2"X10YD								

HCPCS Code #: A4450

Subtotal	Freight:	0.00	Tax:	0.00	95.14
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
95.14	0.00	0.00	\$95.14

Eligible Gross Amount \$95.14

Discount amount \$1.90 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084356
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$95.14

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176873	05/23/2013	1064084357

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687115	MEDTRANS	CUSTOMER	1084466	USD	\$635.34

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	BX	1.00	USU030425	TE	853823072	552.69	552.69
				USU030425 /RELOAD,ENDO GIA UNIVERSAL,TITANUM,45-2.5				

Subtotal								
	Freight:		82.65	Tax:	0.00			552.69

GROSS	TAX AMOUNT	FREIGHT	TOTAL
552.69	0.00	82.65	\$635.34

Eligible Gross Amount \$552.69

Discount amount \$11.05 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084357
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$635.34

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780063	MEDTRANS	MEDLINE	1084466	USD	\$8,478.06

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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210	4.00	BX	4.00	MLK86450	TE	853831550	15.82	63.28
				0142900 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.0 MM				

^0142900

220	4.00	BX	4.00	MLK86451	TE	853831550	15.82	63.28
				0143000 /TUBE,ENDOTRACH,INTERMED,HI-LO,7.5 MM				

^0143000

Subtotal 999

Freight:	0.00	Tax:	0.00	126.56
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20	1.00	CS	1.00	NON25408	TE	853831550	74.12	74.12
				600100 /GAUZE,SPONGE,4"X4",8PLY,WOVEN,NS,LF				

600100

HCPCS Code #: A6216

Subtotal 400

Freight:	0.00	Tax:	0.00	74.12
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110	8.00	CS	8.00	MSC281230	TE	853831550	27.94	223.52
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				

600900

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084358
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$8,478.06

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 100								
		Freight:	0.00		Tax:	0.00		223.52
10	4.00	CS	4.00	NON23324	TE	853831550	16.97	67.88
				606600 /PAPER,EXAM TABLE,STND,CREPE,18X125',12CS				
30	60.00	EA	60.00	MDT219684	TE	853831550	3.96	237.60
				208800 /PILLOW,MEDSOFT,18X24,20EA/CS				
40	3.00	CS	3.00	MSG1065	TE	853831550	157.71	473.13
				604400 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6.5				
50	2.00	CS	2.00	MSG1075	TE	853831550	157.71	315.42
				604600 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,7.5				
60	4.00	CS	4.00	DYND80235S	TE	853831550	15.18	60.72
				702600 /URINAL,MALE,SUPREME				
70	2.00	CS	2.00	BMG333865	TE	853831550	198.09	396.17
				130500 /TRAY,SPINAL,PENCAN,SAFETY,25GX3.5"				
80	8.00	CS	8.00	AUG42268	TE	853831550	63.29	506.28
				130700 /BLANKET,WARM,UP BODY WH 74X24				
90	5.00	CS	5.00	AUG42568	TE	853831550	63.28	316.42
				130800 /BLANKET,WARM,LOW BODY WH				
100	3.00	CS	3.00	KDL5072	TE	853831550	67.08	201.24
				306800 /SPONGE,KERLIX,12PLY,STERILE,4"X4",2'S				
HCPCS Code #: A6402								
120	2.00	CS	2.00	NON241283	TE	853831550	31.74	63.48
				309000 /PAD,OB,NON STERILE,TAILS,11IN				
130	6.00	CS	6.00	DYND50252	TE	853831550	20.02	120.12
				104300 /SUCT CONN TUBE 1/4" X 12' ST				
HCPCS Code #: A7002								
140	6.00	CS	6.00	HUD1104	TE	853831550	17.19	103.14
				106700 /CANNULA,FLARED,7' TUBING				
150	3.00	CS	3.00	HUD1041	TE	853831550	27.12	81.36
				106800 /MASK,OXYGEN,UND CHIN,MED CONC ADULT				
160	2.00	CS	2.00	HUD1059	TE	853831550	50.51	101.02
				107400 /MASK,OXYGEN,NON-REBREATH,ADULT				
170	4.00	CS	4.00	PTXG1675	TE	853831550	131.38	525.52
				406000 /ABG-PROVENT CUSTOM SOUND SHORE				
180	4.00	CS	4.00	MMM1624W	TE	853831550	96.60	386.38
				300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"				
HCPCS Code #: A6257								
190	4.00	CS	4.00	DYND40982	TE	853831550	45.10	180.40
				306010 /KIT,CATHETER,SUCTION,14 FR,2 GLV,MINI				
HCPCS Code #: A4624 + A4930								
200	4.00	CS	4.00	CRI5001	TE	853831550	29.15	116.60
				CRI5001 /GOWN,ISO,THUMBLOOP,POLYETHYLENE,BLUE,XL				
230	3.00	CS	3.00	SWD81892910	TE	853831550	133.26	399.78
				406700 /SYRINGE, MAGELLAN, INS, 29X 1/2"				



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Ship To:

MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
240	3.00	CS	3.00	B-D367341 409700 /SET,BLOOD COLL,VACUTAINER,25G X .75"	TE	853831550	270.03	810.09
250	6.00	BX	6.00	USU054887 405600 /STAPLER,SKIN,ROYAL,35 WIDE,DISPOSABLE	TE	853831550	36.62	219.74
260	6.00	CS	6.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25	TE	853831550	235.22	1,411.34
270	2.00	RL	2.00	MDT221204 706000 /STOCKINETTE,UNBLEACHED,4"X 25YDS	TE	853831550	9.00	18.00
HCPCS Code #: A6457								
280	1.00	CS	1.00	MDS096502 707900 /SWAB,ORAL,DENTIPS,TREATED,GREEN,500/CS	TE	853831550	36.21	36.21
290	6.00	CS	6.00	MDT211218XLI 801700 /SLIPPER,SINGLE TREAD,8EIGE,XL	TE	853831550	25.07	150.42
300	6.00	CS	6.00	MDT211218XXLI 801800 /SLIPPER,SINGLE TREAD,GRAY,XXL	TE	853831550	25.77	154.62
310	4.00	CS	4.00	MDS708550 802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS	TE	853831550	24.15	96.60
HCPCS Code #: A9270								
320	6.00	CS	6.00	LTP31013926 701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM	TE	853831550	57.66	345.97
330	4.00	BX	4.00	MLK86490 803800 /TUBE,ENDOTRACH,INTRMD,PRECUT,HI-LO,7.0MM	TE	853831550	15.82	63.28
340	6.00	BX	6.00	MLK86491 803900 /TUBE,ENDOTRACH,INTRMD,PRECUT,HI-LO,7.5MM	TE	853831550	15.82	94.93
Subtotal								
			Freight:	0.00	Tax:	0.00	8053.86	

GROSS
8,478.06

TAX AMOUNT
0.00

FREIGHT
0.00

TOTAL
\$8,478.06

Eligible Gross Amount \$8,478.06

Discount amount \$169.56 if recd. by 06/22/13

***Code**

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177135	05/23/2013	1064084359

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780236	MEDTRANS	CUSTOMER	1084466	USD	\$165.29

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	NON249005	TE	853831562	82.64	82.64
				NON249005 /POUCH,TELEMETRY,MULTI-LAYER,TIES,BLUE				

Subtotal								
	Freight:		82.65	Tax:	0.00			82.64

GROSS	TAX AMOUNT	FREIGHT	TOTAL
82.64	0.00	82.65	\$165.29

Eligible Gross Amount \$82.64

Discount amount \$1.65 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064084359
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$165.29

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177067	05/23/2013	1064085691

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680761881	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$94.80

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	EA	2.00	MIL625323 /CLOCK,WALL,14"ALTON,BK	TE		47.40	94.80
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Subtotal								
	Freight:		0.00		Tax:	0.00		94.80

GROSS	TAX AMOUNT	FREIGHT	TOTAL
94.80	0.00	0.00	\$94.80

Eligible Gross Amount \$94.80

Discount amount \$1.90 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064085691
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$94.80

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR17130	05/23/2013	1064085692

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502
GLN: 1100003520297

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432399126	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$560.00

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	EA	6.00	REP114564	TE		90.00	540.00
/3704-1-100 @CABLE SLEEVE (SM) 1.6MM HOLE								

Subtotal								
	Freight:		20.00	Tax:	0.00			540.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
540.00	0.00	20.00	\$560.00

Eligible Gross Amount \$540.00

Discount amount \$10.80 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064085692
Invoice Date	05/23/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$560.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177117	05/24/2013	1064119857

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680772306	MEDTRANS	MEDLINE	1084466	USD	\$891.55

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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80	6.00	CS	6.00	SWD773662	TE	853803688	148.59	891.55
SWD773662 /SET,FEEDING,E PUMP,FLUSH BAG,1000ML								

HCPCS Code #: B4035

Subtotal

Freight:	0.00	Tax:	0.00	891.55
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
891.55	0.00	0.00	\$891.55

Eligible Gross Amount \$891.55

Discount amount \$17.83 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119857
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$891.55

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176948	05/24/2013	1064119858

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712663	MEDTRANS	MEDLINE	1084466	USD	\$581.58

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	CS	3.00	S-A5096030096	TE	853817228	193.86	581.58
				S-A5096030096 /GEO-MATT 300 WEDGE W/COVER				

Subtotal								
	Freight:	0.00		Tax:	0.00			581.58

GROSS	TAX AMOUNT	FREIGHT	TOTAL
581.58	0.00	0.00	\$581.58

Eligible Gross Amount \$581.58
Discount amount \$11.63 if recd. by 06/23/13

*Code
TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119858
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$581.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176775	05/24/2013	1064119859

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680660819	MEDTRANS	MEDLINE	1084466	USD	\$22.24

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	8.00	CS	8.00	PTX100322100	TE	853820418	2.78	22.24
				PTX100322100 /AIRWAY, 10.0 CM, GUEDEL, DISP				

Subtotal

Freight:	0.00	Tax:	0.00	22.24
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
22.24	0.00	0.00	\$22.24

Eligible Gross Amount \$22.24

Discount amount \$0.44 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064119859
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$22.24

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177128	05/24/2013	1064119860

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680779088	MEDTRANS	MEDLINE	1084466	USD	\$8,231.79

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE *	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	BX	1.00	USUEGIA45AVM /DEVICE,ENDO,GIA,ARTIC,45,VASC,MED,RELOAD	TE	853831546	1,076.01	1,076.01
20	1.00	BX	1.00	USUEGIA60AVM /DEVICE,ENDO,GIA,ARTIC,60,VASC,MED,RELOAD	TE	853831546	1,407.36	1,407.36
30	1.00	BX	1.00	USUEGIA45AMT /DEVICE,EGIA 45 AR MED THKSUL	TE	853831546	1,117.13	1,117.13
40	1.00	BX	1.00	USUEGIA60AMT /DEVICE,ENDO,GIA,ARTIC,60,MED,THK,RELOAD	TE	853831546	1,469.83	1,469.83
50	1.00	BX	1.00	USUEGIA45AXT /EGIA 45 ARTICULATING XTRA THICK-DIR ONLY	TE	853831546	1,312.43	1,312.43
60	1.00	BX	1.00	USUEGIA60AXT /EGIA60 ARTICULATING,EXTRA THICK,SULU,DIR	TE	853831546	1,849.03	1,849.03

Subtotal**Freight: 0.00****Tax: 0.00****8231.79**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064119860
Invoice Date 05/24/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$8,231.79

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177128	05/24/2013	1064119860

Ship To:
 SOUND SHORE OR
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,231.79	0.00	0.00	\$8,231.79

Eligible Gross Amount \$8,231.79

Discount amount \$164.64 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177134	05/24/2013	1064119861

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780227	MEDTRANS	MEDLINE	1084466	USD	\$3,318.86

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	BX	1.00	USUEGIA60AXT /EGIA60 ARTICULATING,EXTRA THICK,SULU,DIR	TE	853831561	1,849.03	1,849.03
20	1.00	BX	1.00	USUEGIA60AMT /DEVICE,ENDO,GIA,ARTIC,60,MED,THK,RELOAD	TE	853831561	1,469.83	1,469.83

Subtotal

Freight: 0.00 Tax: 0.00 3318.86

GROSS	TAX AMOUNT	FREIGHT	TOTAL
3,318.86	0.00	0.00	\$3,318.86

Eligible Gross Amount \$3,318.86

Discount amount \$66.38 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064119861
Invoice Date 05/24/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$3,318.86

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177137	05/24/2013	1064120163

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680781825	MEDTRANS	MEDLINE	1084466	USD	\$1,527.61

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	5.00	CS	5.00	SWD775100	TE	853843254	127.21	636.06
				SWD775100 /SPIKE,SAFETY PLUS,1000 ML FLUSH,EPUMP				
20	6.00	CS	6.00	SWD773662	TE	853843254	148.59	891.55
				SWD773662 /SET,FEEDING,E PUMP,FLUSH BAG,1000ML				

HCPGS Code #: B4035

Subtotal

Freight: 0.00 **Tax:** 0.00 **1527.61**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,527.61	0.00	0.00	\$1,527.61

Eligible Gross Amount \$1,527.61

Discount amount \$30.55 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064120163
Invoice Date 05/24/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$1,527.61

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176976	05/24/2013	1064120164

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726242	MEDTRANS	CUSTOMER	1084466	USD	\$131.04

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	3.00	CND138102	TE	853854708	43.68	131.04
				CND138102 /ELECTRODE,NEEDLE,STD,40				

Subtotal

Freight:	0.00	Tax:	0.00	131.04
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
131.04	0.00	0.00	\$131.04

Eligible Gross Amount \$131.04

Discount amount \$2.62 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120164
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$131.04

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176978	05/24/2013	1064120165

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	MEDTRANS	MEDLINE	1084466	USD	\$719.14

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	BX	1.00	USUPCO15X	TE	853854709	719.14	719.14
/PARIETEX COMPOSITE OPTIMIZED 15CM ROUND								

Subtotal

Freight:	0.00	Tax:	0.00	719.14
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
719.14	0.00	0.00	\$719.14

Eligible Gross Amount \$719.14

Discount amount \$14.38 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120165
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$719.14

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176987	05/24/2013	1064120166

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680730158	MEDTRANS	MEDLINE	1084466	USD	\$1,284.60

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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40	3.00	PK	3.00	HDT1018587	TE	853854711	428.20	1,284.60
				HDT1018587 /MASK,CPAP,IMAGE 3,W/HEADGEAR,LARGE				

Subtotal

Freight:	0.00	Tax:	0.00	1284.60
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,284.60	0.00	0.00	\$1,284.60

Eligible Gross Amount \$1,284.60

Discount amount \$25.69 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120166
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$1,284.60

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176897	05/24/2013	1064120167

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680696413	MEDTRANS	MEDLINE	1084466	USD	\$826.98

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	CS	4.00	BXTCA1420	TE	853858101	206.75	826.98
				BXTCA1420 /NEEDLE,ACHIEVE,SFT,TIS,BIOP,14GAX20CM				

Subtotal

Freight:	0.00	Tax:	0.00	826.98
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
826.98	0.00	0.00	\$826.98

Eligible Gross Amount \$826.98

Discount amount \$16.54 if recd. by 06/23/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120167
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$826.98

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177146	05/24/2013	1064120168

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786135	MEDTRANS	CUSTOMER	1084466	USD	\$181.28

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	J-J20392	TE	853858103	90.64	181.28
				J-J20392 /STRIP,TEST,SOLUTION,CIDEX OPA,60/BT				

Subtotal

Freight:	0.00	Tax:	0.00	181.28
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
181.28	0.00	0.00	\$181.28

Eligible Gross Amount \$181.28

Discount amount \$3.63 if recd. by 06/23/13

***Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120168
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$181.28

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177106	05/24/2013	1064120169

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432408313	FEDEX GROUND	CUSTOMER	1084466	USD	\$389.13

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	10.00	EA	10.00	BAA010016LVCS	TE	853858175	37.95	379.50
				BAA010016LVCS /TUBE,FEEDING,GASTRO,16FR,SILICONE,MIC				

Subtotal

Freight:	9.63	Tax:	0.00	379.50
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
379.50	0.00	9.63	\$389.13

Eligible Gross Amount \$379.50

Discount amount \$7.59 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120169
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$389.13

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176978	05/24/2013	1064120170

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	FEDEX GROUND	MEDLINE	1084466	USD	\$2,963.88

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	DVL0010303	TE,C	853858614	1,477.36	2,954.72
				DVL0010303 /PATCH,HERNIA,VENTRALEX,CIRCLE,LG,STRAP				

Subtotal

Freight:	9.16	Tax:	0.00	2954.72
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,954.72	0.00	9.16	\$2,963.88

Eligible Gross Amount \$2,954.72

Discount amount \$59.09 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120170
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$2,963.88

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177038	05/24/2013	1064120171

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753407	FEDEX GROUND	CUSTOMER	1084466	USD	\$24.84

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	4.00	EA	4.00	600NTHXS-CM	TE	853859129	4.50	18.00
				600NTHXS-CM /PANT,SCRUB,REV,A-STAT,CEIL,MDL-CC,XS				

Subtotal

Freight:	6.84	Tax:	0.00	18.00
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
18.00	0.00	6.84	\$24.84

Eligible Gross Amount \$18.00

Discount amount \$0.36 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120171
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$24.84

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786990	MEDTRANS	MEDLINE	1084466	USD	\$5,536.01

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	NON25312	TE	853868608	62.00	124.00
				600200 /GAUZE,SPONGE,3"X3",12PLY,NS,LF,200/PK				

600200

HCPCS Code #: A6216

Subtotal 400

Freight:	0.00	Tax:	0.00	124.00
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60	6.00	CS	6.00	NON260509	TE	853868608	39.89	239.34
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				

600500

260	5.00	CS	5.00	MSC281230	TE	853868608	27.94	139.70
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				

600900

Subtotal 100

Freight:	0.00	Tax:	0.00	379.04
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20	3.00	CS	3.00	PRG30374	TE	853868608	15.75	47.24
				605700 /DIAPER,NEWBORN,SWADLERS,UP TO 10 LBS				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064120172
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$5,536.01

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	CS	2.00	MMM1860S 604200 /MASK,RESPIRATOR,N95,NIOSH APPROVED,SM	TE	853868608	64.46	128.92
40	5.00	CS	5.00	DYND80217 707100 /BEDPAN,PONTOON/STACK,GRAPHITE	TE	853868608	16.32	81.60
50	3.00	CS	3.00	NON03007 205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT	TE	853868608	51.75	155.25
70	3.00	CS	3.00	HUD1734 107420 /NEBULIZER,T UPDRAFTII,MOUHPHC,6" RES,TUB	TE	853868608	40.16	120.49
80	2.00	CS	2.00	B-D363083 409100 /TUBE,CITRATE,LT BLU,ADDITV,13X75MM,2.7ML	TE	853868608	87.66	175.32
100	2.00	BX	2.00	RCH33301 509500 /CATHETER,EXTERNAL,MALE,ULTRAFLEX,SM,25MM	TE	853868608	25.48	50.95
HCPCS Code #: A4349								
110	2.00	BX	2.00	RCH33302 509600 /CATHETER,EXTERNAL,MALE,ULTRAFLX,MD,29MM	TE	853868608	25.48	50.95
HCPCS Code #: A4349								
120	1.00	CS	1.00	NON024215 205200 /CUP,PAPER,SOUFFLE,.75 OZ	TE	853868608	30.29	30.29
130	1.00	CS	1.00	DYND80000 205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ	TE	853868608	26.94	26.94
140	5.00	CS	5.00	NON026320 206900 /BAG,PATIENT BELONGING,RGD HDL,WHT,PRNT	TE	853868608	43.90	219.50
150	5.00	CS	5.00	CTRO00413 606100 /MOUTHWASH,ALCOHOL FREE,4 OZ	TE	853868608	19.59	97.95
160	2.00	CS	2.00	DYND10500 306300 /TRAY,URETHRAL,CATHETER,VINYL,14FR	TE	853868608	33.91	67.82
HCPCS Code #: A4353								
170	1.00	CS	1.00	NON24272 104900 /APRON,PULLOVER,LGHTWT,WHT,24X42	TE	853868608	77.85	77.85
180	8.00	CS	8.00	B-D367342 409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"	TE	853868608	267.25	2,138.00
190	1.00	CS	1.00	NON70500 307300 /PACK,SHROUD,ADULT,54"X108"	TE	853868608	48.44	48.44
200	24.00	CS	24.00	DYND75020 307000 /TOURNIQUET,1"X18",BLUE,LF,ROLLED	TE	853868608	28.85	692.40
210	3.00	GR	3.00	MDS136000 602500 /TOOTHBRUSH,INDIVIDUALLY WRAPPED,30 TUFT	TE	853868608	8.83	26.49
220	2.00	CS	2.00	MMM15272 606200 /TAPE,SURGICAL,TRANSPORE,2"X10YD	TE	853868608	74.83	149.66
HCPCS Code #: A4452								
230	2.00	CS	2.00	BDF0231 702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3	TE	853868608	33.19	66.38
240	5.00	CS	5.00	LTP31013926 701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM	TE	853868608	57.66	288.31



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
250	2.00	CS	2.00	MMM1296 807400 /PACK,TEST,INDICAT,ATTEST,STEAM,BRN CAP	TE	853868608	146.11	292.22
Subtotal								
				Freight:		0.00	Tax:	0.00
								5032.97
				GROSS	TAX AMOUNT	FREIGHT	TOTAL	
				5,536.01	0.00	0.00	\$5,536.01	

Eligible Gross Amount \$5,536.01

Discount amount \$110.72 if recd. by 06/23/13

***Code**

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177154	05/24/2013	1064120173

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680787499	MEDTRANS	MEDLINE	1084466	USD	\$8,198.44

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	CS	2.00	DYNJP2309 102300 /COVER, TABLE, 44X76, STERILE	TE	853868612	28.97	57.94
100	3.00	CS	3.00	DYKD2002M 601000 /KIT, MATERNITY, DELUXE	TE	853868612	50.78	152.34
Subtotal 200								
			Freight:	0.00	Tax:	0.00		210.28
10	8.00	CS	8.00	DYNJ21512A 121000 /ARTHRO PACK-SOUND SHORE	TE	853868612	253.09	2,024.72
20	1.00	CS	1.00	CRI1002 101900 /CAP, BOUFFANT, SPUNBOND, WHT, 21"	TE	853868612	26.69	26.69
40	2.00	CS	2.00	DYNJP2410 102600 /SHEET, DRAPE, 40X58, STERILE	TE	853868612	21.07	42.14
50	2.00	CS	2.00	DYNJP3003 102700 /SHEET, T, LAPAROTOMY, STERILE	TE	853868612	64.38	128.76

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064120173
Invoice Date 05/24/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$8,198.44

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177154	05/24/2013	1064120173

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	2.00	CS	2.00	DYNJP3009 102900 /DRAPE,LAPAROTOMY,T,PEDI,STERILE	TE	853868612	64.38	128.76
70	1.00	CS	1.00	DYNJP2725 104200 /GOWN,REINF,POLY,AURORA,XLNG/XL,STRL	TE	853868612	101.43	101.43
80	1.00	CS	1.00	MDS251518RNG 104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK	TE	853868612	64.99	64.99
90	8.00	CS	8.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853868612	285.11	2,280.88
110	20.00	CS	20.00	CRI4001 0141900 /GOWN,COVER,SPNBND,WST-NECK TIE,YEL,XLG	TE	853868612	17.28	345.60
120	20.00	CS	20.00	CUR9225 313100 /GLOVE,EXAM,STRETCH VINYL,M	TE	853868612	47.52	950.40
130	20.00	CS	20.00	CUR9226 CUR9226 /GLOVE,EXAM,STRETCH VINYL,L	TE	853868612	47.52	950.40
140	5.00	CS	5.00	SGE9707CS 200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS	TE	853868612	188.68	943.39
Subtotal								
				Freight:	0.00	Tax:	0.00	7988.16
				GROSS	TAX AMOUNT	FREIGHT	TOTAL	
				8,198.44	0.00	0.00	\$8,198.44	

Eligible Gross Amount \$8,198.44

Discount amount \$163.97 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177006	05/24/2013	1064121543

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432309446	VENDOR	MEDLINE	1084466	USD	\$1,244.90

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	25.00	EA	25.00	SKR6000006000	TE,C		43.04	1,076.00
				/BATTERY,INSTRUMENT				

Subtotal

Freight:	168.90	Tax:	0.00	1076.00
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,076.00	0.00	168.90	\$1,244.90

Eligible Gross Amount \$1,076.00

Discount amount \$21.52 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064121543
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$1,244.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177122	05/24/2013	1064121544

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432384388	VENDOR	CUSTOMER	1084466	USD	\$565.49

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	12.00	EA	12.00	SKR6000006000	TE		43.04	516.48
				SKR6000006000 /BATTERY,INSTRUMENT				

Subtotal

Freight:	49.01	Tax:	0.00	516.48
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
516.48	0.00	49.01	\$565.49

Eligible Gross Amount \$516.48

Discount amount \$10.33 if recd. by 06/23/13

*Code

TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064121544
Invoice Date	05/24/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$565.49

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177147	05/25/2013	1064155328

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786518	FEDEX GROUND	CUSTOMER	1084466	USD	\$246.72

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	1.00	CS	1.00	JMISF450	TE	853880912	227.70	227.70
				JMISF450 /ELECTRODE,STRESS FOAM,ADULT,BLUE				

Subtotal								
	Freight:		19.02	Tax:	0.00			227.70

GROSS	TAX AMOUNT	FREIGHT	TOTAL
227.70	0.00	19.02	\$246.72

Eligible Gross Amount \$227.70

Discount amount \$4.55 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWD BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155328
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$246.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176992	05/25/2013	1064155329

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680766318	FEDEX GROUND	MEDLINE	1084466	USD	\$817.24

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	CS	4.00	UTD66800795	TE,C	853893341	201.40	805.60
				UTD66800795 /KIT,SOFT PORT,FOAM,MEDIUM,RENASYS				

Subtotal

Freight:	11.64	Tax:	0.00	805.60
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
805.60	0.00	11.64	\$817.24

Eligible Gross Amount \$805.60

Discount amount \$16.11 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155329
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$817.24

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176992	05/25/2013	1064155330

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680766318	FEDEX GROUND	MEDLINE	1084466	USD	\$529.89

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	2.00	CS	2.00	UTD66800912	TE,C	853893353	259.34	518.68
UTD66800912 /CANISTER,EZPLUS,800CC,SOFT PORT,RENASYS								

Subtotal								
	Freight:		11.21		Tax:	0.00		518.68

GROSS	TAX AMOUNT	FREIGHT	TOTAL
518.68	0.00	11.21	\$529.89

Eligible Gross Amount \$518.68

Discount amount \$10.37 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVDATE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155330
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$529.89

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/25/2013	1064155331

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MISCELLANEOUS
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	FEDEX GROUND	MEDLINE	1084466	USD	\$326.37

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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50	1.00	CS	1.00	PRD20687275	TE,C	853893369	315.36	315.36
				PRD20687275 /GLOVE, DERMAPRENE SIZE 7.5				

Subtotal

Freight:	11.01	Tax:	0.00	315.36
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
315.36	0.00	11.01	\$326.37

Eligible Gross Amount \$315.36

Discount amount \$6.31 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155331
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$326.37

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177169	05/25/2013	1064155332

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432431263	FEDEX GROUND	CUSTOMER	1084466	USD	\$360.75

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	3.00	CS	3.00	VSYM3720HKI /KIT,CATHETER,CVC,TRIPLE LUMEN,16CM,7FR	TE	853898792	117.59	352.77
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Subtotal

Freight:	7.98	Tax:	0.00	352.77
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
352.77	0.00	7.98	\$360.75

Eligible Gross Amount \$352.77

Discount amount \$7.06 if recd. by 06/24/13

***Code**

TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155332
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$360.75

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
ALLEN	05/25/2013	1064155333

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MED CTR STOREROOM
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432437388	FEDEX GROUND	MEDLINE	1084466	USD	\$105.38

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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40	3.00	CS	3.00	R-L50906	TE	853907507	35.13	105.38
				R-L50906 /GLUCERNA 1.2 CAL,1000ML BOTTLE, RTH				

HCPSC Code #: B4154

Subtotal

Freight:	0.00	Tax:	0.00	105.38
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
105.38	0.00	0.00	\$105.38

Eligible Gross Amount \$105.38

Discount amount \$2.11 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155333
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$105.38

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177186	05/25/2013	1064155334

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432439853	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	\$960.76

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	EA	6.00	SKR4118127100	TE	853910428	146.62	879.72
				SKR4118127100 /BLADE, SAGITTAL, DUAL CUT, HEAVY DUTY				

Subtotal

Freight:	81.04	Tax:	0.00	879.72
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
879.72	0.00	81.04	\$960.76

Eligible Gross Amount \$879.72

Discount amount \$17.59 if recd. by 06/24/13

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155334
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$960.76

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177186	05/25/2013	1064155335

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE OR**
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432439854	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	\$603.11

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	8.00	EA	8.00	SKR6000006000	TE	853910509	43.04	344.32
				SKR6000006000 /BATTERY,INSTRUMENT				

Subtotal

Freight:	258.79	Tax:	0.00	344.32
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
344.32	0.00	258.79	\$603.11

Eligible Gross Amount \$344.32

Discount amount \$6.89 if recd. by 06/24/13

** Special Ship-To

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064155335
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$603.11

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680627869	MEDTRANS	MEDLINE	1084466	USD	\$7,151.63

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
140	2.00	CS	2.00	B-D367814 100500 /TUBE,SERUM,PLSTC,RED,CLOT,13X100MM,5ML	TE	853149403	73.98	147.95
160	8.00	CS	8.00	B-D364902 101300 /DEVICE,ACCESS,MALE LUER ADAPT,STRL BULK	TE	853149403	139.18	1,113.47
150	3.00	CS	3.00	B-D367861 101600 /TUBE,WHOLE BLOOD,LVNDR,ADD,13X75MM,4ML	TE	853149403	65.00	194.99
120	2.00	CS	2.00	B-D364815 101700 /HOLDER,TUBE,VACUTAINER,1-USE,NONSTKBLE	TE	853149403	29.93	59.86
Subtotal 999								
			Freight:	0.00	Tax:	0.00		1516.27
80	6.00	CS	6.00	NON260509 600500 /WASHCLOTH,DISPOSABLE,12.5X13"	TE	853149403	39.89	239.34

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064159640
Invoice Date 05/25/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$7,151.63

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 100								
		Freight:	0.00		Tax:	0.00		239.34
10	8.00	CS	8.00	MSC68841	TE	853149403	111.81	894.48
				MSC68841 /SANITIZER,FOAM,SKINTEGRITY,1000ML				
20	2.00	CS	2.00	NON24357W	TE	853149403	17.00	34.00
				805300 /PAPER,PRO TOWEL,TISSUE,3PLY,WHITE,13X18"				
30	40.00	EA	40.00	MDT219684	TE	853149403	3.96	158.40
				208800 /PILLOW,MEDSOFT,18X24,20EA/CS				
40	2.00	CS	2.00	NON243275	TE	853149403	38.63	77.26
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				
50	1.00	CS	1.00	NON256000	TE	853149403	36.69	36.69
				304300 /GAUZE,SPONGE,DRAIN,4"X4",6PLY,STRL,2'S				
HCPCS Code #: A6402								
60	6.00	CS	6.00	NON21420	TE	853149403	33.51	201.06
				308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S				
HCPCS Code #: A6402								
70	2.00	CS	2.00	NON241283	TE	853149403	31.74	63.48
				309000 /PAD,OB,NON STERILE,TAILS,11IN				
90	6.00	CS	6.00	DYND50252	TE	853149403	20.02	120.12
				104300 /SUCTION TUBE 1/4" X 12' ST				
HCPCS Code #: A7002								
100	3.00	CS	3.00	HUD1104	TE	853149403	17.19	51.57
				106700 /CANNULA,FLARED,7' TUBING				
110	3.00	CS	3.00	HUD1059	TE	853149403	50.51	151.53
				107400 /MASK,OXYGEN,NON-REBREATHING,ADULT				
130	2.00	CS	2.00	B-D363083	TE	853149403	87.66	175.32
				409100 /TUBE,CITRATE,LT BLU,ADDITV,13X75MM,2.7ML				
170	2.00	CS	2.00	TRIDT10290S10	TE	853149403	354.40	708.79
				105700 /CENTRAL LINE PREPARATION PK,STRL,10/CS				
190	5.00	CS	5.00	SWD850815	TE	853149403	85.03	425.14
				406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN				
HCPCS Code #: A4215								
200	2.00	CS	2.00	SWD850310	TE	853149403	85.03	170.06
				407100 /NEEDLE,SAFETY,23G X 1",MAGELLAN				
HCPCS Code #: A4215								
210	1.00	CS	1.00	SWD850215	TE	853149403	86.93	86.93
				406500 /NEEDLE,SAFETY,22G X 1-1/2",MAGELLAN				
HCPCS Code #: A4215								
220	3.00	CS	3.00	B-D381433	TE	853149403	338.87	1,016.62
				407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE				
230	6.00	EA	6.00	ORT21310LXL	TE	853149403	14.00	84.00
				303700 /BINDER,ABDOMINAL12",4-PANEL,PREM,LG/XL				
HCPCS Code #: L0625								



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
240	1.00	CS	1.00	NON70500 307300 /PACK,SHROUD,ADULT,54"X108"	TE	853149403	48.44	48.44
250	1.00	CS	1.00	BRN1313 305700 /RAZOR,TWIN BLADE,BLUE	TE	853149403	53.78	53.78
260	1.00	CS	1.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853149403	51.00	51.00
270	2.00	BX	2.00	MDS098001Z 309900 /HYDROGEN PEROXIDE,USP 3%,16OZ	TE	853149403	8.50	17.00
280	3.00	CS	3.00	BDF0231 702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3	TE	853149403	33.19	99.58
290	5.00	CS	5.00	MDT211218XLI 801700 /SLIPPER,SINGLE TREAD,BEIGE,XL	TE	853149403	25.07	125.35
300	8.00	CS	8.00	MDT211218XXLI 801800 /SLIPPER,SINGLE TREAD,GRAY,XXL	TE	853149403	25.77	206.16
310	5.00	CS	5.00	LTP31013926 701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM	TE	853149403	57.66	288.31
320	2.00	BX	2.00	RCH33301 509500 /CATHETER,EXTERNAL,MALE,ULTRAFLEX,SM,25MM	TE	853149403	25.48	50.95

HCPCS Code #: A4349

Subtotal

Freight: 0.00 Tax: 0.00 5396.02

GROSS	TAX AMOUNT	FREIGHT	TOTAL
7,151.63	0.00	0.00	\$7,151.63

Eligible Gross Amount \$7,151.63

Discount amount \$143.03 if recd. by 06/24/13

*** Code**

TE - Tax Exempt
C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680659932	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$4,271.67

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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40	2.00	CS	2.00	NON25312	TE	853306388	62.00	124.00
				600200 /GAUZE,SPONGE,3"X3",12PLY,NS,LF,200/PK				

600200

HCPSC Code #: A6216

Subtotal 400

Freight:	0.00	Tax:	0.00	124.00
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10	2.00	CS	2.00	MDS251518RNG	TE	853306388	64.99	129.98
				104600 /SPONGE,LAP,18"X18",RING,XR,ST,5/PK,40PK				

20	2.00	CS	2.00	MDSV80535	TE	853306388	103.72	207.44
				805100 /CRUTCH,ALUMINUM,ADULT,MED,LF,300 LB				

HCPSC Code #: E0114

30	6.00	CS	6.00	NON23324	TE	853306388	16.97	101.82
				606600 /PAPER,EXAM TABLE,STND,CREPE,18X125',12CS				

50	2.00	CS	2.00	8XT65651930C	TE	853306388	93.56	187.12
				120100 /LINER,SUCTION,FLEX ADV,3000 CC				

60	3.00	CS	3.00	NON243275	TE	853306388	38.63	115.89
				603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159641
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$4,271.67

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	2.00	CS	2.00	KDL5072 306800 /SPONGE,KERLIX,12PLY,STERILE,4"X4",2'S	TE	853306388	67.08	134.16
HCPCS Code #: A6402								
80	1.00	CS	1.00	NON25853 306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY	TE	853306388	68.68	68.68
HCPCS Code #: A6403								
90	4.00	CS	4.00	NON21420 308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S	TE	853306388	33.51	134.04
HCPCS Code #: A6402								
100	8.00	CS	8.00	CRI2003 103900 /COVER,SHOE,SPUNBOND,NONSKID,BLUE,XLG	TE	853306388	19.44	155.52
110	2.00	CS	2.00	NON27143XL 103910 /COVER,BOOT,MULTI-LYR,NONSKID,BLUE,XLG	TE	853306388	62.41	124.82
120	2.00	CS	2.00	BXT002620 107100 /HUMIDIFIER,PREFILLED,STERILE WATER,500ML	TE	853306388	18.03	36.05
130	3.00	CS	3.00	HUD719025 106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML	TE	853306388	32.16	96.47
150	8.00	CS	8.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853306388	96.60	772.76
HCPCS Code #: A6257								
160	2.00	CS	2.00	DYND10500 306300 /TRAY,URETHRAL,CATHETER,VINYL,14FR	TE	853306388	33.91	67.82
HCPCS Code #: A4353								
170	2.00	CS	2.00	DYND50216 601800 /TUBING,SUCTION,CONNECTING,3/16"X6',STRL	TE	853306388	22.54	45.08
HCPCS Code #: A7002								
180	4.00	CS	4.00	SWD81892910 406700 /SYRINGE,INSULIN,MAGELLAN,100-UNIT 29X1/2	TE	853306388	133.26	533.05
190	12.00	CS	12.00	DYND75020 307000 /TOURNIQUET,1"X18",BLUE,LF,ROLLED	TE	853306388	28.85	346.20
200	3.00	CS	3.00	PEG006019600 702000 /PAPER,ECG,Z-FOLD,SPACELABS,50 X 90	TE	853306388	185.99	557.97
210	3.00	CS	3.00	MDT211218LI 801600 /SLIPPER,SINGLE TREAD,LARGE,BLUE	TE	853306388	24.61	73.83
220	3.00	CS	3.00	MDT211218XLI 801700 /SLIPPER,SINGLE TREAD,BEIGE,XL	TE	853306388	25.07	75.21
230	3.00	CS	3.00	MDT211218XXLI 801800 /SLIPPER,SINGLE TREAD,GRAY,XXL	TE	853306388	25.77	77.31
240	3.00	CS	3.00	MDS708550 802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS	TE	853306388	24.15	72.45
HCPCS Code #: A9270								
250	2.00	BX	2.00	MPP100520GSZ 807600 /POUCH,STERILIZATION,SELF-SEAL,3.5" X 9"	TE	853306388	17.00	34.00



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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Subtotal**Freight: 0.00****Tax: 0.00****4147.67**

GROSS
4,271.67

TAX AMOUNT
0.00

FREIGHT
0.00

TOTAL
\$4,271.67

Eligible Gross Amount \$4,271.67

Discount amount \$85.43 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159642

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680659932	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$66.00

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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140	4.00	CS	4.00	DYND80347	TE	853326880	16.50	66.00
				707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT				

Subtotal								
	Freight:	0.00		Tax:	0.00			66.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
66.00	0.00	0.00	\$66.00

Eligible Gross Amount \$66.00

Discount amount \$1.32 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159642
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$66.00

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680677208	MEDTRANS	MEDLINE	1084466	USD	\$8,295.96

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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120	3.00	CS	3.00	B-D367986	TE	853378763	159.39	478.16
				100400 /TUBE,SERUM,GOLD,CLOT ACTIVE,13X100MM,5M				

				100400				
110	2.00	CS	2.00	B-D364815	TE	853378763	29.93	59.86
				101700 /HOLDER,TUBE,VACUTAINER,1-USE,NONSTKBLE				
				101700				

Subtotal 999

		Freight:	0.00		Tax:	0.00		538.02
280	8.00	BX	8.00	OMMAT0704Z	TE	853378763	28.00	224.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				
				521400				

HCPCS Code #: A4259

290	6.00	BX	6.00	OMMAT0714Z	TE	853378763	27.60	165.60
				521500 /LANCET,UNISTIK 2 EXTRA,21G,AUTO RETRC				
				521500				

HCPCS Code #: A4259

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHDRT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS DF THE INVdice DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS DF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159643
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$8,295.96

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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Subtotal 500

Freight: 0.00 **Tax:** 0.00 **389.60**

10	2.00	CS	2.00	NON25408	TE	853378763	74.12	148.24
				600100 /GAUZE,SPONGE,4"X4",8PLY,WOVEN,NS,LF				
				600100				

HCPCS Code #: A6216

Subtotal 400

Freight: 0.00 **Tax:** 0.00 **148.24**

270	6.00	CS	6.00	NON27381	TE	853378763	22.03	132.18
				601200 /MASK,FACE,BLUE,CONE STYLE,1 BAND,LF				
				601200				

Subtotal 300

Freight: 0.00 **Tax:** 0.00 **132.18**

90	8.00	CS	8.00	NON260509	TE	853378763	39.89	319.12
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				
				600500				

80	8.00	CS	8.00	MSC281230	TE	853378763	27.94	223.52
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				
				600900				

Subtotal 100

Freight: 0.00 **Tax:** 0.00 **542.64**

20	3.00	CS	3.00	PRG30374	TE	853378763	15.75	47.24
				605700 /DIAPER,NEWBORN,SWADLERS,UP TO 10 LBS				
30	3.00	CS	3.00	MSG1065	TE	853378763	157.71	473.13
				604400 /GLOVE,SURG,SENSICARE,ALOE,LF,PF,6.5				
40	3.00	CS	3.00	NON03007	TE	853378763	51.75	155.25
				205000 /CUP,PLASTIC,7 OZ,TRANSLUCENT				
50	3.00	CS	3.00	DTM8J8	TE	853378763	27.77	83.31
				205100 /CUP,STYROFOAM,8 OZ				
60	2.00	CS	2.00	NON25853	TE	853378763	68.68	137.36
				306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY				

HCPCS Code #: A6403

70	4.00	CS	4.00	NON21420	TE	853378763	33.51	134.04
				308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S				

HCPCS Code #: A6402

100	2.00	CS	2.00	DYNC8522	TE	853378763	14.26	28.52
				300600 /BEDPAN,FRACTURE,GRAPHITE,24 EA				
130	8.00	CS	8.00	DYND80347	TE	853378763	16.50	132.00
				707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT				
140	1.00	CS	1.00	ABB425840505	TE	853378763	148.80	148.80
				ABB425840505 /TUBE TRANSDUCER W MONITOR				
150	3.00	CS	3.00	DYND80535	TE	853378763	25.51	76.53
				204800 /PITCHER,HANDLE,W/LID,GRAPHITE				



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
160	1.00	CS	1.00	DYND80528	TE	853378763	44.29	44.29
				204900 /LINERS,PLASTIC INSIDE,F/D805,35,21				
170	4.00	CS	4.00	DYND30261	TE	853378763	43.66	174.64
				203300 /BAG,SPECIMEN,BIOHAZARD,ZIPLOK,6X9,POCKT				
180	1.00	CS	1.00	DYND80000	TE	853378763	26.94	26.94
				205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ				
190	1.00	CS	1.00	KDL7000LL	TE	853378763	70.13	70.13
				305500 /METER,URINE,PRECISION,400 ML,LUER LOCK				
200	5.00	CS	5.00	KDL6146LL	TE	853378763	68.26	341.28
				310000 /TRAY,FOLEY CATHETER,16FR,5CC,ANTI-REFLUX				
210	1.00	CS	1.00	NONT85DS	TE	853378763	230.43	230.43
				419100 /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,.85OZ				
220	6.00	CS	6.00	SWD850815	TE	853378763	85.03	510.17
				406100 /NEEDLE,SAFETY,18G X 1-1/2",MAGELLAN				
HCPCS Code #: A4215								
230	3.00	CS	3.00	B-D367344	TE	853378763	267.25	801.75
				409500 /SET,BLOOD COLLECT,21G X.75",12" TUBING				
240	8.00	CS	8.00	B-D367342	TE	853378763	267.25	2,138.00
				409600 /SET,BLOOD COLL,VACUTAINER,23G X .75"				
250	3.00	CS	3.00	SWD300777CS	TE	853378763	29.53	88.58
				408700 /SYRINGE,3 CC,LL,SOFT PACK				
HCPCS Code #: A4210								
260	2.00	CS	2.00	SWD200777	TE	853378763	34.66	69.31
				408900 /SYRINGE,12CC,LL,SOFT PACK,STRL				
HCPCS Code #: A4210								
300	1.00	CS	1.00	DYND70125	TE	853378763	11.50	11.50
				602900 /BOTTLE,PERI,LAVETTE,8 OZ,LID				
310	2.00	GR	2.00	MDS137007	TE	853378763	6.67	13.34
				602600 /COMB,BLACK,7"				
320	2.00	BX	2.00	MMM15302Z	TE	853378763	3.92	7.83
				607100 /TAPE,PAPER,SURGICAL,MICROPORE,2"X10YD				
HCPCS Code #: A4450								
330	20.00	BX	20.00	MMM15382Z	TE	853378763	6.90	137.90
				607700 /TAPE,SURGICAL,DURAPORE,2"X10YD				
HCPCS Code #: A4452								
340	3.00	CS	3.00	BDF0231	TE	853378763	33.19	99.58
				702800 /BANDAGE,ADHES STRIP,WOVEN,COVERLET,1 X 3				
350	5.00	CS	5.00	LTP31013926	TE	853378763	57.66	288.31
				701600 /ELECTRODE,ECG,SNAP,TEARDROP,FOAM				
360	2.00	CS	2.00	JIP003268	TE	853378763	37.56	75.12
				805600 /WASH,BABY,HEAD-TO-TOE,1OZ -ORDR QTY 3				
Subtotal								
			Freight:	0.00	Tax:	0.00	6545.28	



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,295.96	0.00	0.00	\$8,295.96

Eligible Gross Amount \$8,295.96

Discount amount \$165.92 if recd. by 06/24/13

***Code**

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159644

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680627869	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$179.72

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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180	4.00	CS	4.00	SWD272005 602000 /CONNECTOR,Y,SUCTION,LG 1/4-1/2" N/S	TE	853482415	44.93	179.72
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Subtotal								
	Freight:		0.00		Tax:	0.00		179.72

GROSS	TAX AMOUNT	FREIGHT	TOTAL
179.72	0.00	0.00	\$179.72

Eligible Gross Amount \$179.72

Discount amount \$3.59 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159644
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$179.72

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159645

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680677208	MEDTRANS	MEDLINE	1084466	USD	\$101.90

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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370	4.00	BX	4.00	RCH33304	TE	853507246	25.48	101.90
				509800 /CATHETER,EXTERNAL,MALE,ULTRAFLX,LG,36MM				

HCPCS Code #: A4349

Subtotal	Freight:	0.00	Tax:	0.00	101.90
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
101.90	0.00	0.00	\$101.90

Eligible Gross Amount \$101.90

Discount amount \$2.04 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159645
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$101.90

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159646

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680717530	FEDEX GROUND	MEDLINE	1084466	USD	\$70.15

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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300	2.00	CS	2.00	MDS202000ML	TE,C	853567253	29.60	59.20
				MDS202000ML /APPLICATOR,COTTON-TIP,WOOD,6",STERILE				

Subtotal

Freight:	10.95	Tax:	0.00	59.20
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
59.20	0.00	10.95	\$70.15

Eligible Gross Amount \$59.20

Discount amount \$1.18 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159646
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$70.15

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680717530	MEDTRANS	MEDLINE	1084466	USD	\$8,101.01

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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190	1.00	CS	1.00	B-D367814	TE	853568179	73.97	73.97
				100500 /TUBE,SERUM,PLSTC,RED,CLOT,13X100MM,5ML				

100500

310	6.00	CS	6.00	LFSSSM10797	TE	853568179	378.43	2,270.56
				521000 /STRIP,TEST,GLUCOSE,SOUND SHORE LIFESCAN				

521000

Subtotal 999

Freight:	0.00	Tax:	0.00	2344.53
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150	8.00	CS	8.00	NON260509	TE	853568179	39.89	319.12
				600500 /WASHCLOTH,DISPOSABLE,12.5X13"				

600500

130	6.00	CS	6.00	MSC281230	TE	853568179	27.94	167.64
				600900 /UNDERPAD,FLUFF,STD,PROTPLUS,17X24"				

600900

Subtotal 100

Freight:	0.00	Tax:	0.00	486.76
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CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159647
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$8,101.01

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment

INVOICE



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Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	3.00	CS	3.00	NON243275 603100 /PAPER, TISSUE, FACE, STND, 5.7X7, 40SHT/200BX	TE	853568179	38.63	115.89
20	3.00	CS	3.00	PRG30374 605700 /DIAPER, NEWBORN, SWADLERS, UP TO 10 LBS	TE	853568179	15.75	47.24
30	6.00	CS	6.00	NON03007 205000 /CUP, PLASTIC, 7 OZ, TRANSLUCENT	TE	853568179	51.75	310.50
40	5.00	CS	5.00	DTM8J8 205100 /CUP, STYROFOAM, 8 OZ	TE	853568179	27.77	138.85
50	5.00	CS	5.00	DYND80217 707100 /BEDPAN, PONTOON/STACK, GRAPHITE	TE	853568179	16.32	81.60
70	2.00	CS	2.00	NON256000 304300 /GAUZE, SPONGE, DRAIN, 4"X4", 6PLY, STRL, 2'S	TE	853568179	36.69	73.38
HCPCS Code #: A6402								
80	3.00	CS	3.00	NON25865 304700 /BANDAGE, GAUZE, BULKEE II, 4.5"X4.1YD, STRL	TE	853568179	66.92	200.76
HCPCS Code #: A6446								
90	5.00	CS	5.00	KDL5072 306800 /SPONGE, KERLIX, 12PLY, STERILE, 4"X4", 2'S	TE	853568179	67.08	335.40
HCPCS Code #: A6402								
100	2.00	CS	2.00	NON25853 306900 /GAUZE, SPONGE, FLUFF, 6"X6.75", STRL, 5/TRAY	TE	853568179	68.68	137.36
HCPCS Code #: A6403								
110	2.00	CS	2.00	NON21453 307200 /PAD, ABDOMINAL, 8"X7.5", STERILE, LF, 1/PK	TE	853568179	22.72	45.44
HCPCS Code #: A6253								
120	5.00	CS	5.00	NON21420 308900 /GAUZE, SPONGE, 2"X2", 8PLY, STERILE, LF, 2'S	TE	853568179	33.51	167.55
HCPCS Code #: A6402								
140	3.00	CS	3.00	NON25497 307100 /BANDAGE, GAUZE, SOF-FORM, 3"X75", STRL, LF	TE	853568179	16.28	48.84
HCPCS Code #: A6446								
160	3.00	CS	3.00	DYNC8522 300600 /BEDPAN, FRACTURE, GRAPHITE, 24 EA	TE	853568179	14.26	42.78
170	3.00	CS	3.00	HUD1104 106700 /CANNULA, FLARED, 7' TUBING	TE	853568179	17.19	51.57
180	1.00	CS	1.00	HUD1518 106600 /TUBING, CORRUGATED, CORR-A-FLEX, 72"	TE	853568179	40.85	40.85
200	4.00	CS	4.00	DYND80535 204800 /PITCHER, HANDLE, W/LID, GRAPHITE	TE	853568179	25.51	102.04
210	1.00	CS	1.00	DYND80528 204900 /LINERS, PLASTIC INSIDE, F/D805, 35, 21	TE	853568179	44.29	44.29
220	1.00	CS	1.00	NON024215 205200 /CUP, PAPER, SOUFFLE, .75 OZ	TE	853568179	30.29	30.29



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
230	2.00	CS	2.00	NPKB10800 606800 /PAD,PREP,CHLORASCRUB,1ML	TE	853568179	106.90	213.80
240	1.00	CS	1.00	DYND50211 601900 /TUBING,SUCTION,CONNECTING,3/16"X20",STR	TE	853568179	15.41	15.41
HCPCS Code #: A7002								
250	4.00	CS	4.00	8-D381433 407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE	TE	853568179	338.87	1,355.49
260	2.00	CS	2.00	MDS090780 301100 /PAD,REMOVER,NAIL POLISH	TE	853568179	25.94	51.88
270	2.00	CS	2.00	MDS057003 301500 /BANDAGE,ELASTIC,SURE-WRAP,3"X5YD,WHITE	TE	853568179	21.09	42.18
HCPCS Code #: A6451								
280	2.00	CS	2.00	MDS057004 301600 /BANDAGE,ELASTIC,SURE-WRAP,4"X5YD,WHITE	TE	853568179	26.00	52.00
HCPCS Code #: A6451								
290	2.00	CS	2.00	MDS057006 301700 /BANDAGE,ELASTIC,SURE-WRAP,6"X5YD,WHITE	TE	853568179	34.00	68.00
HCPCS Code #: A4649								
320	2.00	CS	2.00	MDS092005 701400 /GEL,ULTRASOUND,8.5 OZ,SQUEEZE BOTTLE	TE	853568179	17.98	35.96
330	4.00	BX	4.00	J-J5175Z 703200 /TAPE,ELASTIC,3"X 5YD,ELASTIKON	TE	853568179	20.63	82.52
340	5.00	CS	5.00	MDT211218LI 801600 /SLIPPER,SINGLE TREAD,LARGE,BLUE	TE	853568179	24.61	123.05
350	5.00	CS	5.00	MDT211218XLI 801700 /SLIPPER,SINGLE TREAD,BEIGE,XL	TE	853568179	25.07	125.35
360	5.00	CS	5.00	MDT211218XXLI 801800 /SLIPPER,SINGLE TREAD,GRAY,XXL	TE	853568179	25.77	128.85
370	4.00	CS	4.00	MDS708550 802700 /TRAY,SUTURE REMOVAL,METAL FCP,LITT SCIS	TE	853568179	24.15	96.60
HCPCS Code #: A9270								
380	50.00	CS	50.00	CRI4001 0141900 /GOWN,COVER,SPNBND,WST-NECK TIE,YEL,XLG	TE	853568179	17.28	864.00

Subtotal**Freight:****0.00****Tax:****0.00****5269.72**
GROSS
8,101.01

TAX AMOUNT
0.00

FREIGHT
0.00

TOTAL
\$8,101.01

Eligible Gross Amount \$8,101.01

Discount amount \$162.02 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680761636	MEDTRANS	MEDLINE	1084466	USD	\$7,302.82

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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120	8.00	CS	8.00	NON260509 600500 /WASHCLOTH,DISPOSABLE,12.5X13"	TE	853752916	39.89	319.12
Subtotal 100								
		Freight:	0.00	Tax:		0.00		319.12
10	2.00	CS	2.00	BXT65651920C 607400 /LINER,SUCTION,FLEX ADV,1500 CC	TE	853752916	81.46	162.92
20	2.00	CS	2.00	NON243275 603100 /PAPER,TISSUE,FACE,STND,5.7X7,40SHT/200BX	TE	853752916	38.63	77.26
30	4.00	CS	4.00	PRG30374 605700 /DIAPER,NEWBORN,SWADLERS,UP TO 10 LBS	TE	853752916	15.75	62.99
40	1.00	CS	1.00	PRG06729 605600 /DIAPER,SWADLERS,SIZE 1,8-14 LBS,LF	TE	853752916	14.45	14.45
50	3.00	CS	3.00	MMM1860 604100 /MASK,RESPIRATOR,N95,NIOSH APPROVED	TE	853752916	64.46	193.38
60	5.00	CS	5.00	DYND80235S 702600 /URINAL,MALE,SUPREME	TE	853752916	15.18	75.90

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064159648
Invoice Date 05/25/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$7,302.82

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	8.00	CS	8.00	DYND80217	TE	853752916	16.32	130.56
				707100 /BEDPAN,PONTOON/STACK,GRAPHITE				
80	2.00	CS	2.00	NON25865	TE	853752916	66.92	133.84
				304700 /BANDAGE,GAUZE,BULKEE II,4.5"X4.1YD,STRL				
HCPCS Code #: A6446								
90	3.00	CS	3.00	NON25853	TE	853752916	68.68	206.04
				306900 /GAUZE,SPONGE,FLUFF,6"X6.75",STRL,5/TRAY				
HCPCS Code #: A6403								
100	4.00	CS	4.00	NON21420	TE	853752916	33.51	134.04
				308900 /GAUZE,SPONGE,2"X2",8PLY,STERILE,LF,2'S				
HCPCS Code #: A6402								
110	2.00	CS	2.00	NON241283	TE	853752916	31.74	63.48
				309000 /PAD,OB,NON STERILE,TAILS,11IN				
130	2.00	CS	2.00	DYNC8522	TE	853752916	14.26	28.52
				300600 /BEDPAN,FRACTURE,GRAPHITE,24 EA				
140	2.00	CS	2.00	PTX002610	TE	853752916	92.47	184.94
				107410 /MASK,VENTURI,ADULT,7' TUBE,W/OXY DILUTER				
150	2.00	CS	2.00	NON27143XL	TE	853752916	62.41	124.82
				103910 /COVER,BOOT,MULTI-LYR,NONSKID,BLUE,XLG				
160	2.00	CS	2.00	HUD719025	TE	853752916	32.16	64.31
				106500 /SPIROMETER,INCENTIVE,VOLDYNE,2500ML				
170	6.00	CS	6.00	CRI2003	TE	853752916	19.44	116.64
				103900 /COVER,SHOE,SPUNBOND,NONSKID,BLUE,XLG				
180	4.00	CS	4.00	HUD1104	TE	853752916	17.19	68.76
				106700 /CANNULA,FLARED,7' TUBING				
190	6.00	BX	6.00	DRCPC2400Z	TE	853752916	4.51	27.03
				DRCPC2400Z /BATTERY, ALKALINE, DURACELL, 1.5V, AAA				
200	6.00	BX	6.00	DRCPC1400Z	TE	853752916	5.39	32.33
				209500 /BATTERY, ALKALINE, DURACELL, 1.5V, C				
210	1.00	CS	1.00	NON24777ACS	TE	853752916	168.89	168.89
				NON24777ACS /GLASSES,SAFETY,VISITOR,CLEAR,LARGE				
220	1.00	CS	1.00	DYND80416	TE	853752916	42.39	42.39
				805500 /CONTAINER,GRADUATED,TRIANG,IN/OUT,CLR				
230	5.00	CS	5.00	DYND80347	TE	853752916	16.50	82.50
				707300 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT				
240	2.00	CS	2.00	DYND80535	TE	853752916	25.51	51.02
				204800 /PITCHER,HANDLE,W/LID,GRAPHITE				
250	1.00	CS	1.00	DYND80528	TE	853752916	44.29	44.29
				204900 /LINERS,PLASTIC INSIDE,F/D805,35,21				
260	5.00	CS	5.00	NON042001	TE	853752916	8.99	44.95
				201600 /TEASPOON,PLASTIC,WHITE,BULK				
270	1.00	CS	1.00	DYND80000	TE	853752916	26.94	26.94
				205800 /CUP,MEDICINE,GRAD,PLASTIC,1OZ				



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
280	5.00	CS	5.00	MMM1624W 300400 /DRESSING,TEGADERM,TRNS,FILM,2.375X2.75"	TE	853752916	96.59	482.97
HCPCS Code #: A6257								
290	4.00	CS	4.00	MSC095001 602200 /LOTION,HAND AND BODY,2 OZ	TE	853752916	26.38	105.52
300	2.00	CS	2.00	KDL7006LL 310200 /TRAY,URINE METER,FOLEY,16FR,DRN BAG,LL	TE	853752916	113.21	226.41
310	6.00	CS	6.00	MDS090735 MDS090735 /PAD,PREP,ALCOHOL,STERILE,MEDIUM,2-PLY	TE	853752916	26.00	156.00
HCPCS Code #: A4245								
320	3.00	CS	3.00	SWD81892910 406700 /SYRINGE, MAGELLAN, INS, 29X 1/2"	TE	853752916	133.26	399.78
330	3.00	CS	3.00	B-D381433 407700 /CATHETER,IV,20GX1",RETRACTABLE,STERILE	TE	853752916	338.87	1,016.62
340	3.00	CS	3.00	SWD600777 408800 /SYRINGE, LL, 6mL	TE	853752916	24.59	73.76
HCPCS Code #: A4210								
350	3.00	CS	3.00	SWD300777CS 408700 /SYRINGE, LL, 3mL	TE	853752916	29.53	88.58
HCPCS Code #: A4210								
370	1.00	CS	1.00	MDS202075 304100 /BLADE,TONGUE,6",STERILE	TE	853752916	23.52	23.52
380	3.00	CS	3.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853752916	51.00	153.00
390	10.00	BX	10.00	MMM15302Z 607100 /TAPE,PAPER,SURGICAL,MICROPORE,2"X10YD	TE	853752916	3.91	39.13
HCPCS Code #: A4450								
400	3.00	BX	3.00	DYND70850 700800 /BLADE,CLIPPER,UNIVERSAL,MEDICLIP	TE	853752916	103.16	309.48
410	6.00	CS	6.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25	TE	853752916	235.22	1,411.34
420	2.00	CS	2.00	MDS092005 701400 /GEL,ULTRASOUND,8.5 OZ,SQUEEZE BOTTLE	TE	853752916	17.98	35.96
430	4.00	CS	4.00	MDT211218LI 801600 /SLIPPER,SINGLE TREAD,LARGE,BLUE	TE	853752916	24.61	98.44
Subtotal								
			Freight:	0.00	Tax:	0.00	6983.70	

GROSS
7,302.82

TAX AMOUNT
0.00

FREIGHT
0.00

TOTAL
\$7,302.82

Eligible Gross Amount \$7,302.82

Discount amount \$146.06 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794558	MEDTRANS	MEDLINE	1084466	USD	\$7,163.58

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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310	6.00	BX	6.00	OMMAT0704Z	TE	853899430	28.00	168.00
				521400 /LANCET,21G,SAFETY,UNISTIK 2,200/BX				

521400

HCPCS Code #: A4259

Subtotal 500

Freight:	0.00	Tax:	0.00	168.00
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210	3.00	CS	3.00	DYND50130	TE	853899430	25.00	75.00
				503700 /YANKAUER,BULB TIP,STERILE				

503700

HCPCS Code #: A4628

Subtotal 200

Freight:	0.00	Tax:	0.00	75.00
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10	2.00	CS	2.00	MPH18107	TE	853899430	52.92	105.84
				206100 /SOAP,COMPLEXION,BAR,MEDLINE,#.75,.64OZ				

20	3.00	CS	3.00	BXT65651920C	TE	853899430	81.46	244.37
				607400 /LINER,SUCTION,FLEX ADV,1500 CC				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159650
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$7,163.58

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	CS	2.00	NON243275	TE	853899430	38.63	77.26
				603100 /PAPER, TISSUE, FACE, STND, 5.7X7, 40SHT/200BX				
40	3.00	CS	3.00	MSG1065	TE	853899430	156.13	468.39
				604400 /GLOVE, SURG, SENSICARE, ALOE, LF, PF, 6.5				
50	2.00	CS	2.00	MSG1070	TE	853899430	156.13	312.26
				604500 /GLOVE, SURG, SENSICARE, ALOE, LF, PF, 7				
60	3.00	CS	3.00	MSG1080	TE	853899430	156.13	468.39
				604700 /GLOVE, SURG, SENSICARE, ALOE, LF, PF, 8				
70	3.00	CS	3.00	NON25853	TE	853899430	68.68	206.04
				306900 /GAUZE, SPONGE, FLUFF, 6" X 6.75", STRL, 5/TRAY				
HCPCS Code #: A6403								
90	2.00	CS	2.00	HUD04128	TE	853899430	33.03	66.06
				107200 /NEBULIZER, LG VOL, STERILE H2O, 1070ML				
100	11.00	CS	11.00	DYND50252	TE	853899430	20.02	220.22
				104300 /SUCTION TUBE 1/4" X 12' ST				
HCPCS Code #: A7002								
110	3.00	CS	3.00	NON27710	TE	853899430	48.17	144.51
				105200 /MASK, FACE, MAXFLUIDPROTECT, SHIELD/TIES				
120	2.00	CS	2.00	NON21444	TE	853899430	26.52	53.04
				309600 /GAUZE, SPONGE, AVANT, 4" X 4", 4PLY, STRL, LF				
HCPCS Code #: A6402								
130	12.00	BX	12.00	DRCPC1500Z	TE	853899430	4.50	54.05
				209400 /BATTERY, ALKALINE, DURACELL, 1.5V, AA				
140	3.00	CS	3.00	DYND80535	TE	853899430	25.51	76.53
				204800 /PITCHER, HANDLE, W/LID, GRAPHITE				
150	1.00	CS	1.00	DYND80528	TE	853899430	44.29	44.29
				204900 /LINERS, PLASTIC, INSIDE, F/D805, 35, 21				
160	3.00	CS	3.00	MMM1624W	TE	853899430	96.59	289.78
				300400 /DRESSING, TEGADERM, TRNS, FILM, 2.375X2.75"				
HCPCS Code #: A6257								
170	3.00	CS	3.00	MSC095020	TE	853899430	34.53	103.59
				419000 /SHAMPOO, BABY/ADULT, 4 OZ				
180	1.00	CS	1.00	MSC095014	TE	853899430	94.60	94.60
				301200 /CREAM, SHAVE, MEDLINE, 1.5 OZ				
190	5.00	CS	5.00	MDS090735	TE	853899430	26.00	130.00
				605300 /PAD, PREP, ALCOHOL, STERILE, MEDIUM, 2-PLY				
HCPCS Code #: A4245								
200	3.00	CS	3.00	CRI5001	TE	853899430	29.15	87.45
				CRI5001 /GOWN, ISO, THUMBLOOP, POLYETHYLENE, BLUE, XL				
220	3.00	CS	3.00	SWD850815	TE	853899430	85.03	255.08
				406100 /NEEDLE, SAFETY, 18G X 1-1/2", MAGELLAN				

HCPCS Code #: A4215



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
230	1.00	CS	1.00	SWD850558 406600 /NEEDLE,SAFETY,25G X 5/8",MAGELLAN	TE	853899430	86.93	86.93
HCPCS Code #: A4215								
240	2.00	CS	2.00	SWD81892950 408600 /SYRINGE, MAGELLAN, INS, 29X1/2"	TE	853899430	133.26	266.52
250	2.00	CS	2.00	SWD560125 407500 /SYRINGE,60CC,LUER LOCK TIP	TE	853899430	32.75	65.49
HCPCS Code #: A4213								
260	2.00	CS	2.00	SWD600777 408800 /SYRINGE, LL, 6mL	TE	853899430	24.59	49.17
HCPCS Code #: A4210								
270	1.00	CS	1.00	BRN1313 305700 /RAZOR,TWIN BLADE,BLUE	TE	853899430	53.78	53.78
280	1.00	CS	1.00	SWD264960 304900 /TUBE,SALEM SUMP,ARGYLE,16FR,48"	TE	853899430	58.40	58.40
290	1.00	CS	1.00	NON256125 308500 /GAUZE,PACKING STRIP,IODOFORM,1/2"X5YD,ST	TE	853899430	24.79	24.79
HCPCS Code #: A6266								
300	2.00	CS	2.00	MDS032280 309800 /JELLY,LUBE,STRL,FOIL PACK,5 GRAM	TE	853899430	51.00	102.00
320	10.00	CS	10.00	NPBMAXA 702200 /SENSOR,ADULT,ADHESIVE,USE,W/D-25	TE	853899430	235.22	2,352.23
330	3.00	CS	3.00	NON25600 702900 /BANDAGE,ADHESIVE,PLASTIC,1"X3",STRL,LF	TE	853899430	22.00	66.00
HCPCS Code #: A6413								
340	2.00	CS	2.00	BMG456020 801900 /STOPCOCK, 4-WAY, PORT COVERS, LUER LOCK	TE	853899430	47.35	94.69
350	2.00	BX	2.00	BAK270 806700 /HOLDER,TUBE,ENDOTRACH,STABILOCK	TE	853899430	73.76	147.52
360	2.00	BX	2.00	BAK240CA BAK240CA /HOLDER,TRACH TUBE,ONE SIZE FITS MOST	TE	853899430	25.66	51.31
Subtotal								
			Freight:	0.00	Tax:	0.00	6920.58	

GROSS
7,163.58

TAX AMOUNT
0.00

FREIGHT
0.00

TOTAL
\$7,163.58

Eligible Gross Amount \$7,163.58

Discount amount \$143.27 if recd. by 06/24/13

***Code**

TE - Tax Exempt

C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177171	05/25/2013	1064159651

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794584	MEDTRANS	CUSTOMER	1084466	USD	\$262.46

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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20	4.00	CS	4.00	J-J6824A 0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS	TE	853899431	44.95	179.81
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Subtotal								
	Freight:		82.65		Tax:	0.00		179.81

GROSS	TAX AMOUNT	FREIGHT	TOTAL
179.81	0.00	82.65	\$262.46

Eligible Gross Amount \$179.81

Discount amount \$3.60 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064159651
Invoice Date	05/25/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$262.46

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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INVOICE

Customer PO #	Invoice Date	Invoice #
NR177173	05/25/2013	1064159652

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE INVENTORY
16 GUION PL
NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794845	MEDTRANS	MEDLINE	1084466	USD	\$7,150.13

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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90	1.00	CS	1.00	CRI1004 CRI1004 /CAP,BOUFFANT,SPUNBOND,BLUE,24"	TE	853899432	16.20	16.20
601300								
Subtotal 300								
		Freight:	0.00		Tax:	0.00		16.20
10	4.00	CS	4.00	DYNJP8003 102800 /T-DRAPE,EXTREMITY,STERILE	TE	853899432	61.79	247.16
20	4.00	CS	4.00	DYNJ24994C 104400 /BASIC PACK-LF	TE	853899432	348.72	1,394.88
30	1.00	CS	1.00	DYNJP2416 102500 /DRAPE,REIN 53X77,STERILE	TE	853899432	50.09	50.09
40	2.00	CS	2.00	DYNJP2707 107500 /GOWN,REINFORCED,POLY,AURORA,LARGE,STRL	TE	853899432	84.86	169.72
50	2.00	CS	2.00	DYNJP2708 107600 /GOWN,REINFORCED,POLY,AURORA,XLARGE,STRL	TE	853899432	90.22	180.44
60	4.00	CS	4.00	CDS981069C 107800 /LAP CHOLE PROCEDURE	TE	853899432	285.11	1,140.44

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064159652
Invoice Date 05/25/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$7,150.13

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



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I N V O I C E

Customer PO #	Invoice Date	Invoice #
NR177173	05/25/2013	1064159652

Ship To:
 SOUND SHORE INVENTORY
 16 GUION PL
 NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	6.00	CS	6.00	CDS981070C 107900 /TOTAL JOINT PROCEDURE	TE	853899432	635.20	3,811.20
80	1.00	CS	1.00	DYNJP10040 104000 /DRAPE,T,CRANIOTOMY,STERILE	TE	853899432	140.00	140.00
Subtotal								
			Freight:	0.00	Tax:	0.00	7133.93	
				GROSS	TAX AMOUNT	FREIGHT	TOTAL	
				7,150.13	0.00	0.00	\$7,150.13	

Eligible Gross Amount \$7,150.13

Discount amount \$143.00 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
ALLEN	05/29/2013	1064195518

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
SOUND SHORE MED CTR STOREROOM
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432437388	FEDEX GROUND	MEDLINE	1084466	USD	\$345.65

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	CS	4.00	R-L62010 R-L62010 /ENSURE,COMPLETE,BTL,STRAWB,8OZ	TE	853907409	5.03	20.10
HCPCS Code #: B4152								
20	1.00	CT	1.00	R-L58012 R-L58012 /JUVEN POWDER,ORANGE,30 PKTS/CT	TE	853907409	73.63	73.63
HCPCS Code #: B4155								
30	2.00	CS	2.00	R-L62685 R-L62685 /JEVITY 1.0 CAL,1000 ML,RTH	TE	853907409	14.80	29.59
50	3.00	CS	3.00	R-L62675 R-L62675 /GLUCERNA 1.2CAL,1500ML BOTTLE, RTH	TE	853907409	39.51	118.53
60	5.00	CS	5.00	R-L50904 R-L50904 /GLUCERNA,1.2 CAL,8OZ CAN	TE	853907409	20.76	103.80
HCPCS Code #: B4154								

Subtotal

Freight: 0.00 Tax: 0.00 345.65

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer # 1084466
Invoice # 1064195518
Invoice Date 05/29/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90
Amount Due \$345.65

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
ALLEN	05/29/2013	1064195518

Ship To:

SOUND SHORE MED CTR STOREROOM
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

GROSS	TAX AMOUNT	FREIGHT	TOTAL
345.65	0.00	0.00	\$345.65

Eligible Gross Amount \$345.65

Discount amount \$6.91 if recd. by 06/28/13

***Code**

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176791	05/29/2013	1064199953

Sold To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432154594	VENDOR	MEDLINE	1084466	USD	\$1,605.12

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
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10	6.00	CS	6.00	RUH345APA	TE,C		267.52	1,605.12
				RUH345APA /CLEANER,INST,ENZYMATIC,APA,ENDOZYME,4GAL				

Subtotal

Freight:	0.00	Tax:	0.00	1605.12
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,605.12	0.00	0.00	\$1,605.12

Eligible Gross Amount \$1,605.12

Discount amount \$32.10 if recd. by 06/28/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:
SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #	1084466
Invoice #	1064199953
Invoice Date	05/29/2013
Sales Rep #	210
Payment Terms	2% 30, 1% 60, Net 90
Amount Due	\$1,605.12

Remit To:
Medline Industries, Inc.
Box 382075
Pittsburgh PA 15251-8075

AMOUNT PAID \$ _____

Detach and return this portion with your payment