Chino Medical Supply 12422 Central Ave Chino, CA 91710 Ph: 909-464-1500

Fax:909-464-1570

INVOICE

SALESPERSON	ACCN #	CUST. PHONE #	ORDER DATE	DELIVERY DATE

	C	SHID TO		DESDON	ISIBLE I	DADTV				
	SHIP TO			XESPO1	NSIDLE I	ANTI				
	INSURANCE INFORMATION			DOCTOR						
MANUE ITEM/LOT#	ITEM/LOT#	DESCRIPTION	BILLING	QTY	UNIT	EXT.	PT. COPAY			
MANUF.	ITEM/LOT#	DESCRIPTION	CODE	QIY	PRICE	EXI.	@ 20%			
			+							
			+							
			SALES TAX							
			TOTAL							
Care or my incur	ance has not purcha	ased or rented same or similar items sta	ted above (init	rials) I	EI WERV	TIME				
-	_		(init		DELIVERY					
elivery _	Pickup	Contact Made								
		SPONSIBILITIES AND AGREE TO A client informed of real or potential hazards		ırds discove	ered above in	comments	s section			
		OT InitialsGround OK Improper C								
	COUNTED AND CH	within 3(three) days of receipt of goods or r IECKED. PLEASE CALL OR WRITE RE								
		MENT AND/OR SUPPLIES LISTED ON	N THIS ORDER, AND A	LSO I ACK	NOWLED	GE THAT	I HAVE BEEN FULI			
NED ON EQUIF orization to Assig d directly to the ab- rize any holder of a	gn Benefits to Provid	er & Release or Medical Information: I r for any services furnished me by that suppli bout me to release to the CMS and Accredit u!	er. I further authorize a co	py of this a	greement to	be used in	place of the original and			
NED ON EQUIF orization to Assig d directly to the ab- rize any holder of a	gn Benefits to Provid bove named company medical information a	for any services furnished me by that suppli bout me to release to the CMS and Accredit	er. I further authorize a co	py of this a	greement to	be used in	place of the original and			

(If patient is unable to sign)