

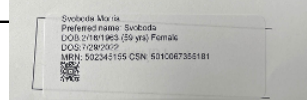
AdventHealth Deland - Zachary Cavins DPM - Bunionectomy

Sales Representative

Name Emily Russell	Rep ID#
Agency Name, Address & Phone Number Ortho-Max, Inc. 4213 SW High Meadows Ave Palm City FL 34990 (772) 220-6965	Email PO To orders@ortho-max.net Fax PO To (772) 220-0114

Bill To

Account Name AdventHealth Deland	Hospital Account ID# -
Billing Address 701 W. Plymouth Avenue Deland FL 32720	Shipping Address -
Purchase Order # -	Medartis Order # -



Surgery Information

Date Jul 29, 2022	Surgeon (Last, First, MI) Cavins Zachary
Surgery Type Bunionectomy	Patient ID SVOBODA MORRIS 502345155

Surgery Notes

TRAY 604340

Catalog #	Lot #	Expiry	Description	From Set	Rstk	I/O	Qty	Unit Price	Extended Price
A-5040.00/1			0.8 K-Wire, Trocar, 100mm, 1/Pkg	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$21.32	\$21.32
A-3937			2.2 CCS Countersink, Cannulated, AO	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$200.36	\$200.36
A-3736			2.2 Cannulated Twist Drill #1.8,L87mm,AO	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$285.01	\$285.01
A-5780.22/1			2.2 Cannulated ComprScrew 22mm,HD7,1/Pkg Distal Thread 5mm	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$254.56	\$254.56
A-5040.10/1			1.1 K-Wire, Trocar, 100mm, 1/Pkg	MED-CCS 2.2/3.0 HL-...	Yes	No	3	\$21.32	\$63.96
A-3836			3.0 Cannulated Twist Drill #2.1,L87mm,AO	MED-CCS 2.2/3.0 HL-...	Yes	No	2	\$285.01	\$570.02
A-3938			3.0 CCS Countersink, Cannulated, AO	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$206.16	\$206.16
A-5881.40/1			3.0 Cannulated ComprScrew40mm,HD10,1/Pkg Distal Thread 15mm	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$254.56	\$254.56
A-5880.36/1			3.0 Cannulated ComprScrew36mm,HD10,1/Pkg Distal Thread 7mm	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$254.56	\$254.56
A-5880.30/1			3.0 Cannulated ComprScrew30mm,HD10,1/Pkg Distal Thread 6mm	MED-CCS 2.2/3.0 HL-...	Yes	No	1	\$254.56	\$254.56
Subtotal									\$2,365.07

Ship To / Restock Information

First and Last Name (or Loaner Set ID#) Emily Russell	Ship To Acct #	Instrument Charge	\$0.00
Address, City, State, Zip 1413 Viscaya Cove Blvd Winter Garden FL 34787		Shipping & Delivery	\$0.00
Required Date Jul 30, 2022		Total	\$2,365.07

Hospital Authorized Signature

Printed Name

Date