

ADVANCED MEDICAL SUPPLY, INC.

3322 N Milwaukee avenue, Chicago, IL 60641

Phone: 773-205-6993 Fax: 773-205-6994

Sales Receipt

PATIENT NAME: Ford, Dennis			DATE:03/20/25
ADDRESS: 340 E Randolph St Apt 1306 Chicago IL 60601			
PHONE # 312-919-3161- Randall			
Note:			
Quantity delivered	Description	Price	Amount
	Low Air Loss Alternating Pressure Mattress	\$750.00	1
	(E0277)		
	Sale Tax-10.25% (\$76.88)		
	Total amount: \$826.88		

Returns or exchanges made within 5 days of original purchase with the sales receipt and tickets attached will be accepted for full refund in the original payment form. Merchandise must be in saleable condition, have price tags attached, in original packaging, and be accompanied by a sales receipt. All sales for support hosiery and toileting aids are final. No returns or exchanges after 5 days from the initial date of purchase.

SIGNATURE OF PATIENT: _____

SIGNATURE (if other than patient): _____ RELATIONSHIP: _____

COMPANY REPRESENTATIVE: _____

Advanced Medical Supply, Inc
3322 N. Milwaukee Ave.
Chicago, IL 60641
Phone: 773-205-6993
Fax: 773-205-6994

Credit Card Authorization Form

Credit card type: Visa, Master Card, Discover (circle one)

Cardholder Name C - Randall Fowler
Credit Card Number 4147 2024 8103 5556
Expiration Date 03 / 26
CVS code 007

Billing Address Street _____
City _____
State _____ Zip 60601

I authorize Advanced Medical Supply to charge my credit card for the amount
\$ 826.88

Cardholder Signature _____
Date _____

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PATIENT NAME: Ford, Dennis		DATE:03/20/25	
ADDRESS: 340 E Randolph St Apt 1306 Chicago IL 60601			
PHONE # 312-919-3161- Randall			
Note:			
Quantity delivered	Description	Price	Amount
	Medicare Detactable	\$257.00	
	Total amount: \$257.00		

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PATIENT NAME: Ford, Dennis			DATE:03/20/25
ADDRESS: 340 E Randolph St Apt 1306 Chicago IL 60601			
PHONE # 312-919-3161- Randall			
Note:			
Quantity delivered	Description	Price	Amount
	Upgrade Full-Electric kit for Hospital Bed.	\$400.00	1
	Labor:	Free install	
	Total amount: \$400.00		

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City _____

State _____ Zip 60601

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\$ 400.00

Cardholder Signature _____

Date _____