

Invoice for Durable Medical Equipment

Invoice To: University of Illinois Chicago

Patient: Bennie Driskel

Date of Birth: 03/26/1959

Delivery Address: 3322 N Milwaukee, Chicago, IL 60641

Invoice Date: September 24, 2025

Invoice Number: INV-20250924-541

Item(s) Provided: Manual Wheelchair - 18" (SF) - Quantity 1

Subtotal: \$300.00

Sales Tax (10.25%): \$30.75

Delivery: Free

Total Amount Due: \$330.75

Payment Terms:

- Accepted methods: Credit Card

Order instruction: Please deliver to UI Health upon payment,

Address 1740 W Taylor St, Chicago, IL 60612

Patient Room # 837W-A

Supplier Contact Information:

Advanced Medical Supply

☎ 773-205-6993

✉ info@advancedmedicalsupply.net

📍 3322 N Milwaukee, Chicago, IL 60641

Authorized Signature: _____

Name/Title: _____

Date: _____

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 _____

Credit Card Number _____

Expiration Date ____/____

CVS code _____

Billing Address Street _____

City _____

State _____ Zip. _____

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

Cardholder Signature _____

Date _____