

ADVANCED MEDICAL SUPPLY, INC.

3322 N Milwaukee avenue, Chicago, IL 60641

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

Sales Receipt

PATIENT NAME: Ptacin Margaret			DATE: 01-22-25
ADDRESS: zip 60634			
PHONE # 773-505-3758			
Note:			
Quantity delivered	Description	Price	Amount
1	3 in 1 Bedside commode	\$60.00	1
	(E0163)		
	Sale Tax-10.25% (\$ 6.15)		
	Total amount: \$66.15		

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: _____