

**Fill in this information to identify the case:**

Debtor 1	Batesville Regional Physicians, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	MIDDLE DISTRICT OF TENNESSEE
Case number:	18-05681

FILED  
 U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE  
 1/21/2019  
 MATTHEW T. LOUGHNEY, Clerk

**Official Form 410  
 Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	HENRY SCHEIN	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	HENRY SCHEIN	
	Name	Name
	135 DURYE ROAD MELVILLE, NY 11747	
	Contact phone 631-843-5769	Contact phone
	Contact email abe.thomas@henryschein.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9511</u></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>18183.88</u></p> <p><b>Does this amount include interest or other charges?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).                  Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Goods Sold</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1/21/2019  
MM / DD / YYYY

/s/ Abraham Thomas

Signature

Print the name of the person who is completing and signing this claim:

Name Abraham Thomas  
First name Middle name Last name

Title Shared Services Credit Analyst

Company Henry Schein Inc

Address 135 Duryea Road  
Identify the corporate servicer as the company if the authorized agent is a servicer  
Number Street  
Melville, NY 11747-3834  
City State ZIP Code

Contact phone 631-843-5769 Email abe.thomas@henryschein.com

**Debtor: 3529511 Batesville**

Invoice Date	Type	Invoice#	1-inv/2-backord	Doc#	PO#	Gross Amt	Open Amt	
12/2/2017	RF	48086064		48086064		\$206.53	\$206.53	
12/30/2017	RF	48937105		48937105		\$266.44	\$266.44	
2/3/2018	RF	50093713		50093713		\$305.06	\$305.06	
3/3/2018	RF	51041778		51041778		\$309.06	\$309.06	
3/31/2018	RF	51960402		51960402		\$252.17	\$252.17	
4/28/2018	RF	52889946		52889946		\$256.81	\$256.81	
6/2/2018	RF	54005168		54005168		\$257.17	\$257.17	
6/30/2018	RF	54923903		54923903		\$261.02	\$261.02	
8/4/2018	RF	55996132		55996132		\$264.88	\$264.88	\$2,379.14
10/4/2017	RI	46160617	01	46160617	HSI_75368979	\$1,448.72	\$1,394.60	
10/11/2017	RI	46402657	01	46402657	HSI_75420812	\$997.50	\$997.50	
10/12/2017	RI	46384297	02	46384297	HSI_75368979	\$65.05	\$65.05	
10/13/2017	RI	46488576	02	46488576	HSI_75420812	\$23.50	\$23.50	
10/18/2017	RI	46624248	01	46624248	HSI_75427396	\$506.00	\$506.00	
10/18/2017	RI	46624304	01	46624304	HSI_75470995	\$1,437.54	\$1,437.54	
10/18/2017	RI	46624305	01	46624305	HSI_75471931	\$403.26	\$403.26	
10/19/2017	RI	46624250	01	46624250	HSI_75427396	\$80.38	\$80.38	
10/27/2017	RI	46930787	01	46930787	HSI_75520746	\$373.89	\$373.89	
10/30/2017	RI	46917665	01	46917665	HSI_75521921	\$1,816.07	\$1,816.07	
10/30/2017	RI	46917666	01	46917666	HSI_75521921	\$55.92	\$55.92	
10/30/2017	RI	46930788	01	46930788	HSI_75520746	\$31.45	\$31.45	
11/1/2017	RI	47087170	01	47087170	HSI_75569769	\$250.25	\$250.25	
11/1/2017	RI	47087182	01	47087182	HSI_75574497	\$48.95	\$48.95	
11/3/2017	RI	47186005	01	47186005		\$167.93	\$167.93	
11/8/2017	RI	47335900	01	47335900	HSI_75629005	\$143.91	\$143.91	
11/8/2017	RI	47335935	01	47335935	HSI_75582182	\$275.96	\$275.96	
11/8/2017	RI	47347687	01	47347687	HSI_75626748	\$1,204.46	\$1,171.99	
11/8/2017	RI	47347744	01	47347744	HSI_75631797	\$1,624.77	\$1,624.77	
11/8/2017	RI	47352853	01	47352853	HSI_75629149	\$905.43	\$905.43	
11/9/2017	RI	47335901	01	47335901	HSI_75629005	\$28.51	\$28.51	
11/10/2017	RI	47400473	01	47400473	HSI_75641965	\$156.64	\$156.64	
11/13/2017	RI	47347688	01	47347688	HSI_75626748	\$55.92	\$55.92	
11/13/2017	RI	47352854	01	47352854	HSI_75629149	\$123.59	\$123.59	
11/13/2017	RI	47454834	01	47454834	HSI_75648037	\$28.35	\$28.35	
11/15/2017	RI	47555696	02	47555696	HSI_75520746	\$25.60	\$25.60	
11/15/2017	RI	47555706	02	47555706	HSI_75550078	\$25.60	\$25.60	
11/16/2017	RI	47601578	01	47601578	HSI_75678980	\$805.91	\$805.91	
11/17/2017	RI	47671119	01	47671119	HSI_75689184	\$218.64	\$218.64	
11/21/2017	RI	47671120	01	47671120	HSI_75689184	\$194.00	\$194.00	
11/27/2017	RI	47834313	01	47834313	HSI_75729284	\$174.67	\$174.67	
11/28/2017	RI	47834378	01	47834378	HSI_75734121	\$9.99	\$9.99	
11/28/2017	RI	47931506	02	47931506	HSI_75734121	\$119.35	\$119.35	
11/29/2017	RI	47960942	01	47960942	HSI_75763496	\$107.18	\$107.18	
11/30/2017	RI	47990103	02	47990103	HSI_75689184	\$37.44	\$37.44	
12/1/2017	RI	48042677	01	48042677	HSI_75782971	\$262.65	\$217.45	
12/6/2017	RI	48201592	01	48201592	HSI_75821191	\$126.63	\$126.63	
12/6/2017	RI	48197028	01	48197028	HSI_75819300	\$160.87	\$160.87	
12/7/2017	RI	48248322	01	48248322	HSI_75828897	\$45.91	\$45.91	
12/7/2017	RI	48201593	01	48201593	HSI_75821191	\$55.92	\$55.92	
12/8/2017	RI	48248323	01	48248323	HSI_75828897	\$55.92	\$55.92	

**Debtor: 3529511 Batesville**

12/18/2017	RI	48585721	01	48585721	HSI_75904112	\$466.26	\$466.26	
12/19/2017	RI	48599252	01	48599252	HSI_75873517	\$59.36	\$59.36	
12/19/2017	RI	48599287	01	48599287	MICHELLE-VERBL	\$45.20	\$45.20	
12/19/2017	RI	48599264	01	48599264	HSI_75862381	\$189.75	\$189.75	
12/19/2017	RI	48042790	01	48042790		\$474.00	\$474.00	
12/20/2017	RI	48599266	01	48599266	HSI_75862381	\$21.73	\$21.73	\$15,804.74
					<b>TOTAL =</b>	<b>18,315.67</b>	<b>18,183.88</b>	<b>18,183.88</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46160617
Invoice Date	:	10/04/17
Amount	:	1,448.72
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/04/17	Sls Ord # : 56580035
Cust P O # : HSI_75368979	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/04/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1222087	1	0	10/Pk	Pneumovax-23 Prefilled Syringe 0.5mL ** special contract price** NDC#: 00006483703 M2 - See message below for DSCSA compliance details	908.4000	908.40	
1126994	1	0	100/VI	Silver Nitrate Applicators 6" Wood NDC#: 00404100003 Go to your online account to retrieve this MSDS/SDS, 105J757 - If you can't access online options, call 1-800-472-4346.	18.2300	18.23	
9877448	2	0	100/Bx	Vacutainer SST Gold 3.57L ** special contract price** M2 - See message below for DSCSA compliance details Go to your online account to retrieve this MSDS/SDS, 105D865 - If you can't access online options, call 1-800-472-4346.	25.2900	50.58	T
9873215	2	0	100/Bx	Vac Tubes PST Lt Green 4.5MI ** special contract price**	30.3500	60.70	T

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880



Remittance Section



010000352951146160617110000000001448721004179

Cust #	:	03529511
Invoice #	:	46160617
Invoice Date	:	10/04/17
Amount	:	1,448.72
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46160617
Invoice Date	:	10/04/17
Amount	:	1,448.72
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/04/17	Sls Ord # : 56580035
Cust P O # : HSI_75368979	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/04/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9876287	1	0	Case	Go to your online account to retrieve this MSDS/SDS, 1056974 - If you can't access online options, call 1-800-472-4346. ** special contract price ** THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER. Push Button Collection Wingset 23gx.75	338.8000	338.80	T
1380360	1	0	100/Pk	** special contract price ** Holder Tube Vacuette Long	2.8500	2.85	T
8310213	1	0	Case	Go to your online account to retrieve this MSDS/SDS, 105W673 - If you can't access online options, call 1-800-472-4346. ** special contract price ** Suture Removal Tray	35.0000	35.00	T
				Go to your online account to retrieve this MSDS/SDS, 105L414 - If you can't access online options, call 1-800-472-4346. ** special contract price **			

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	1,414.56
Tax	34.16
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>1,448.72</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46402657
Invoice Date	:	10/11/17
Amount	:	997.50
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/11/17	Sls Ord # : 56813642
Cust P O # : HSI_75420812	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/11/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2480104	1	0	Ea	Ethyl Chloride Fine Glass NDC#: 00386000104 Go to your online account to retrieve this MSDS/SDS, 105R678 - If you can't access online options, call 1-800-472-4346. ** special contract price **	33.3300	33.33	
1244342	1	0	50gm/Tb	Silver Sulfadiazine Cream 1% NDC#: 67877012405 Go to your online account to retrieve this MSDS/SDS, 105AV10 - If you can't access online options, call 1-800-472-4346. ** special contract price **	7.5600	7.56	
9004979	1	0	12/Ca	Table Paper Smooth White 21"x225" MN - See message below for DSCSA compliance details THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST DISTRIBUTION CENTER.	22.7200	22.72	T
9085211	2	0	5ml/VI	Depo-Estradiol Inj Vial 5mg/ml ** special contract price ** NDC#: 00009027101	102.6700	205.34	

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146402657110000000000997501011174

Cust #	:	03529511
Invoice #	:	46402657
Invoice Date	:	10/11/17
Amount	:	997.50
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.







Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46402657
Invoice Date	:	10/11/17
Amount	:	997.50
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/11/17	Sls Ord # : 56813642
Cust P O # : HSI_75420812	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/11/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	4	0	10/Bx	M2 - See message below for DSCSA compliance details Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	59.36	
				** special contract price ** NDC#: 68180063310			
1284493	20	0	5ml/VI	M2 - See message below for DSCSA compliance details Celestone Soluspan Inj MDV 6mg/ml	32.3100	646.20	
				** special contract price ** NDC#: 00085432001			
	1	0		M2 - See message below for DSCSA compliance details Hazardous Charge	20.0000	20.00	T

Please refer to back of paperwork for Disclosures/Terms of Sale  
 MN - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
 M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
 This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
 Midwest Distribution Center, 5315 WEST 74TH STREET, INDIANAPOLIS, IN 46268

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
 No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	994.51
Tax	2.99
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>997.50</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46384297
Invoice Date	:	10/12/17
Amount	:	65.05
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/12/17	Sls Ord # : 56580035
Cust P O # : HSI_75368979	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/04/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1294361	1	0	25/Pk	Clindamycin Phos Inj SDV 2mL 150mg/mL NDC#: 47781045968 Go to your online account to retrieve this MSDS/SDS, 105NJ61 - If you can't access online options, call 1-800-472-4346. ** special contract price ** WH - See message below for DSCSA details. This item is non-returnable	65.0500	65.05	

This is a backordered shipment for order:56580035 original invoice:46160617  
Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	65.05
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>65.05</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146384297110000000000065051012178

Cust #	:	03529511
Invoice #	:	46384297
Invoice Date	:	10/12/17
Amount	:	65.05
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46488576
Invoice Date	:	10/13/17
Amount	:	23.50
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/13/17	Sls Ord # : 56813642
Cust P O # : HSI_75420812	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/11/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3150043	1	0	100/Bx	Surguard3 Safety Needle 25gx5/8	21.9600	21.96	T
** special contract price **							
This is a backordered shipment for order:56813642 original invoice:46402657 Please refer to back of paperwork for Disclosures/Terms of Sale MN - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	21.96
Tax	1.54
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>23.50</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146488576110000000000023501013172

Cust #	:	03529511
Invoice #	:	46488576
Invoice Date	:	10/13/17
Amount	:	23.50
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46624248
Invoice Date	:	10/18/17
Amount	:	506.00
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

DEA#: BP6608939  
STATE REG#: 22827

Cust # : 03529511	Ship Date : 10/18/17	Sls Ord # : 57053724
Cust P O # : HSI_75427396	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3150034	1	0	100/Bx	Surguard3 Safety Needle 20gx1.5	21.9600	21.96	T
	** special contract price **						
3150036	1	0	100/Bx	Surguard3 Safety Needle 21gx1.5	21.9600	21.96	T
	** special contract price **						
3150038	1	0	100/Bx	Surguard3 Safety Needle 22gx1.5	21.9600	21.96	T
	** special contract price **						
3150040	1	0	100/Bx	Surguard3 Safety Needle 23gx1.5	21.9600	21.96	T
	** special contract price **						
6540034	1	0	12/Bx	Dermabond Mini Skin Adhesive Topical	265.3600	265.36	T
	Go to your online account to retrieve this MSDS/SDS, 1051345 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
1010205	1	0	50Pr/Bx	Biogel Glove PF Latex Surg Size 7.5	105.8800	105.88	T
	** special contract price **						
6474174	20	0	10/Tray	Curity Gauze 12ply Ster 4"x4"	0.6900	13.80	T

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146624248110000000000506001018178

Cust #	:	03529511
Invoice #	:	46624248
Invoice Date	:	10/18/17
Amount	:	506.00
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46624248
Invoice Date	:	10/18/17
Amount	:	506.00
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

DEA#: BP6608939  
STATE REG#: 22827

Cust # : 03529511	Ship Date : 10/18/17	Sls Ord # : 57053724
Cust P O # : HSI_75427396	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				** special contract price**			
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	472.88
Tax	33.12
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>506.00</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46624304
Invoice Date	:	10/18/17
Amount	:	1,437.54
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

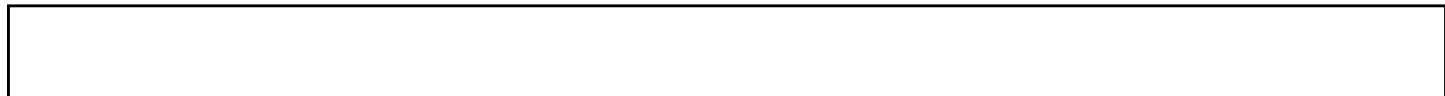
Cust # : 03529511	Ship Date : 10/18/17	Sls Ord # : 57053739
Cust P O # : HSI_75470995	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7770570	1	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	31.8900	31.89	T
	** special contract price **						
5660460	3	0	250/SI	Probe Covers Disp SureTemp	9.4100	28.23	T
	** special contract price **						
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	29.68	
	** special contract price ** NDC#: 68180063310						
	M2 - See message below for DSCSA compliance details						
1014947	4	0	100/Pk	Gauze Sponge Sterile 2"x2" 8pl	0.9900	3.96	T
	** special contract price **						
1380360	3	0	100/Pk	Holder Tube Vacuette Long	2.8500	8.55	T
	** special contract price **						
1105199	1	0	1ml/VI	Aplisol Tuberculin PPD SO 10Tests	83.4000	83.40	
	. NDC#: 42023010401						
	Go to your online account to retrieve this MSDS/SDS, 105W956 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880



Remittance Section



010000352951146624304110000000001437541018173

Cust #	:	03529511
Invoice #	:	46624304
Invoice Date	:	10/18/17
Amount	:	1,437.54
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46624304
Invoice Date	:	10/18/17
Amount	:	1,437.54
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/18/17	Sls Ord # : 57053739
Cust P O # : HSI_75470995	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5464958	1	0	5/Pk	M2 - See message below for DSCSA compliance details Adacel Tdap Ado/Adt PFS .5ml ** special contract price ** NDC#: 49281040015	215.5800	215.58	
1222087	1	0	10/Pk	M2 - See message below for DSCSA compliance details Pneumovax-23 Prefilled Syringe 0.5mL ** special contract price ** NDC#: 0006483703	908.4000	908.40	
1284493	1	0	5ml/VI	M2 - See message below for DSCSA compliance details Celestone Soluspan Inj MDV 6mg/ml ** special contract price ** NDC#: 00085432001	32.3100	32.31	
1045669	1	0	144/Bx	M2 - See message below for DSCSA compliance details Bacitracin Zinc Oint Foil 0.9gm Go to your online account to retrieve this MSDS/SDS, 105D194 - If you can't access online options, call 1-800-472-4346. ** special contract price **	6.7800	6.78	T
9004978	1	0	12/Ca	** special contract price ** Table Paper Smooth White 18"x225"	19.2900	19.29	T
9871301	1	0	50/Bx	** special contract price ** Safety-Lok Blood Collection 23gx3/4"	58.4700	58.47	T

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.

This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	1,426.54
Tax	11.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>1,437.54</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46624305
Invoice Date	:	10/18/17
Amount	:	403.26
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/18/17	Sls Ord # : 57053745
Cust P O # : HSI_75471931	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1133581	1	0	6/Bx	Dipper Urine Control Level 1&2 15ml	123.6700	123.67	T
Go to your online account to retrieve this MSDS/SDS, 1050116 - If you can't access online options, call 1-800-472-4346.							
9004071	1	0	20/Bx	One Step + H Pylori Test Kit	65.5900	65.59	T
Go to your online account to retrieve this MSDS/SDS, 105H767 - If you can't access online options, call 1-800-472-4346.							
1049908	1	0	25/Bx	Ketorolac Inj IM/IV SDV 1mL 30mg/mL NDC#: 00409379501	34.7600	34.76	
Go to your online account to retrieve this MSDS/SDS, 105I776 - If you can't access online options, call 1-800-472-4346.							
** special contract price **							
M2 - See message below for DSCSA compliance details							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146624305110000000000403261018173

Cust #	:	03529511
Invoice #	:	46624305
Invoice Date	:	10/18/17
Amount	:	403.26
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05681 Claim 13-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 13 of 64





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46624305
Invoice Date	:	10/18/17
Amount	:	403.26
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/18/17	Sls Ord # : 57053745
Cust P O # : HSI_75471931	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	29.68	
				** special contract price** NDC#: 68180063310			
				M2 - See message below for DSCSA compliance details			
1039497	1	0	5/Bx	Cyanocobalamin Inj MDV 30mL 1000mcg/m	136.3100	136.31	
				NDC#: 00517013005			
				Go to your online account to retrieve this MSDS/SDS, 1052113 - If you can't access online options, call 1-800-472-4346.			
				** special contract price**			
				M2 - See message below for DSCSA compliance details			
				THIS PRODUCT IS BEING SHIPPED FROM OUR WEST COAST DISTRIBUTION CENTER.			

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Western Distribution Center, 255 VISTA BLVD, SPARKS, NV 89434

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	390.01
Tax	13.25
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>403.26</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46624250
Invoice Date	:	10/19/17
Amount	:	80.38
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

DEA#: BP6608939  
STATE REG#: 22827

Cust # : 03529511	Ship Date : 10/19/17	Sls Ord # : 57053724
Cust P O # : HSI_75427396	Ship Via : Drop Ship	Sls Ord Dt : 10/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9044781	1	0	250/Bx	Clean-Seal #10 Sec Env White 4 1/8x9.5	22.8600	22.86	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							
9025122	1	0	5000/Ca	Paper Copy 20Lb White 8.5"x11"	52.2600	52.26	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	75.12
Tax	5.26
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>80.38</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146624250110000000000080381019177

Cust #	:	03529511
Invoice #	:	46624250
Invoice Date	:	10/19/17
Amount	:	80.38
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46930787
Invoice Date	:	10/27/17
Amount	:	373.89
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/27/17	Sls Ord # : 57343226
Cust P O # : HSI_75520746	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/26/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9872786	1	0	100/Bx	Vacutainer Tube SST Red 8.5ml 16x100	35.7500	35.75	T
	** special contract price **						
9873215	1	0	100/Bx	Vac Tubes PST Lt Green 4.5ML	30.3500	30.35	T
	** special contract price **						
9877504	1	0	100/Bx	Vac Plus Tubes EDTA Lavendar W/hemgo	23.8000	23.80	T
	** special contract price **						
4126839	1	0	100/Bx	Vacutainer Hemogard Plastic 4ml	18.5400	18.54	T
	** special contract price **						
1024486	2	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml	32.1400	64.28	
	** special contract price ** NDC#: 63323016530						
	M2 - See message below for DSCSA compliance details						
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	29.68	
	** special contract price ** NDC#: 68180063310						
	M2 - See message below for DSCSA compliance details						
1126133	5	0	100/Bx	Bandage Adhsv Strip Fabric LF 1"x3"	1.2700	6.35	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146930787110000000000373891027175

Cust #	:	03529511
Invoice #	:	46930787
Invoice Date	:	10/27/17
Amount	:	373.89
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	46930787
Invoice Date	:	10/27/17
Amount	:	373.89
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/27/17	Sls Ord # : 57343226
Cust P O # : HSI_75520746	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 10/26/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1199501	1	0	30/Bx	Ipratropium/Albut Inh Soln 3mL 0.5/3Mg NDC#: 00487020103 Go to your online account to retrieve this MSDS/SDS, 1050607 - If you can't access online options, call 1-800-472-4346. ** special contract price **	10.1700	10.17	
1284493	1	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml NDC#: 00085432001 M2 - See message below for DSCSA compliance details ** special contract price **	32.3100	32.31	
9877244	1	0	100/Bx	Needle Blunt LL 3mL Ster 18Gx1.5 ** special contract price **	18.2600	18.26	T
9871301	1	0	50/Bx	Safety-Lok Blood Collection 23gx3/4" ** special contract price **	58.4700	58.47	T
9875902	2	0	50/Bx	SafetyGlide Needle 23Gx1" ** special contract price **	15.2000	30.40	T

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.

This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	358.36
Tax	15.53
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>373.89</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46917665
Invoice Date	:	10/30/17
Amount	:	1,816.07
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/30/17	Sls Ord # : 57343245
Cust P O # : HSI_75521921	Ship Via : Next Day Delivery	Sls Ord Dt : 10/26/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3217445	1	0	10/Pk	Bicillin LA 2mL Syringe N/R 1.2M U	1,538.2700	1,538.27	
	** special contract price** NDC#: 60793070110 M2 - See message below for DSCSA compliance details						
7846100	4	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	59.36	
	** special contract price** NDC#: 68180063310 M2 - See message below for DSCSA compliance details						
9174425	1	0	50/Ca	Collection Kit Urine	59.6600	59.66	T
	** special contract price**						
1133501	1	0	16/Ca	Laceration Tray Sterile	97.8300	97.83	T
	** special contract price**						
2610116	1	0	50/Bx	Bandage Elastic Adhesive 2x4	2.8100	2.81	T
	** special contract price**						
1074050	1	0	25/Bx	One Step+ Strep A Dipstick	21.8800	21.88	T
	** special contract price**						
3150037	1	0	100/Bx	Surguard3 Safety Needle 22gx1	21.9600	21.96	T
	** special contract price**						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

*Continued on next Page*

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146917665110000000001816071030172

Cust #	:	03529511
Invoice #	:	46917665
Invoice Date	:	10/30/17
Amount	:	1,816.07
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46917665
Invoice Date	:	10/30/17
Amount	:	1,816.07
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/30/17	Sls Ord # : 57343245
Cust P O # : HSI_75521921	Ship Via : Next Day Delivery	Sls Ord Dt : 10/26/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
Please refer to back of paperwork for Disclosures/Terms of Sale							
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website <a href="http://www.henryschein.com/pedigree">www.henryschein.com/pedigree</a> . If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	1,801.77
Tax	14.30
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>1,816.07</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	46917666
Invoice Date	:	10/30/17
Amount	:	55.92
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/30/17	Sls Ord # : 57343245
Cust P O # : HSI_75521921	Ship Via : Drop Ship	Sls Ord Dt : 10/26/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9025122	1	0	5000/Ca	Paper Copy 20Lb White 8.5"x11"	52.2600	52.26	T
DIRECTLY SHIPPED FROM THE MANUFACTURER ** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	52.26
Tax	3.66
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>55.92</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146917666110000000000055921030179

Cust #	:	03529511
Invoice #	:	46917666
Invoice Date	:	10/30/17
Amount	:	55.92
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05681 Claim 13-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 20 of 64



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	46930788
Invoice Date	:	10/30/17
Amount	:	31.45
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 10/30/17	Sls Ord # : 57343226
Cust P O # : HSI_75520746	Ship Via : Drop Ship	Sls Ord Dt : 10/26/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9051997	1	0	5Pk/Ca	Copy Paper 8-1/2x11 20lb ODB 500/Pk	29.3900	29.39	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale							
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website <a href="http://www.henryschein.com/pedigree">www.henryschein.com/pedigree</a> . If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	29.39
Tax	2.06
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>31.45</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951146930788110000000000031451030174

Cust #	:	03529511
Invoice #	:	46930788
Invoice Date	:	10/30/17
Amount	:	31.45
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05681 Claim 13-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 21 of 64





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47087170
Invoice Date	:	11/01/17
Amount	:	250.25
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/01/17	Sls Ord # : 57511195
Cust P O # : HSI_75569769	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 11/01/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9871301	1	0	Case	Safety-Lok Blood Collection 23gx3/4"	233.8800	233.88	T
** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	233.88
Tax	16.37
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>250.25</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147087170110000000000250251101175

Cust #	:	03529511
Invoice #	:	47087170
Invoice Date	:	11/01/17
Amount	:	250.25
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47087182
Invoice Date	:	11/01/17
Amount	:	48.95
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/01/17	Sls Ord # : 57511232
Cust P O # : HSI_75574497	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 11/01/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1690001	1	0	Ea	MultiPro Cordless Kit 7.2V	45.7500	45.75	T
** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	45.75
Tax	3.20
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>48.95</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147087182110000000000048951101172

Cust #	:	03529511
Invoice #	:	47087182
Invoice Date	:	11/01/17
Amount	:	48.95
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47186005
Invoice Date	:	11/03/17
Amount	:	167.93
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/03/17	Sls Ord # : 57610835
Cust P O # :	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 11/03/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1217651	1	0	50/Ca	Nebulizer Nebutech HDN 7' Tube 1-Way Val	142.1800	142.18	T
This is a bill only ref inv#45056528 Vendor shipped a wrng item code updated FSC has been notified of this bill only. Tracking FedEx 020210437634264 delivered 9/14/17 Joanie x2242674 Please refer to back of paperwork for Disclosures/Terms of Sale							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	142.18
Tax	10.98
Shipping and/or Handling	14.77
<b>Total Amount</b>	<b>167.93</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147186005110000000000167931103176

Cust #	:	03529511
Invoice #	:	47186005
Invoice Date	:	11/03/17
Amount	:	167.93
Terms	:	Statement date + 20 days
Due Date	:	11/24/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47335900
Invoice Date	:	11/08/17
Amount	:	143.91
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57747083
Cust P O # : HSI_75629005	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1000177	1	0	12/Ca	Table Paper Smooth STD 21"x225'	26.5000	26.50	T
	** special contract price **						
1016311	1	0	100/Ca	Pillowcase Tissue-Poly White 21"x30"	14.2500	14.25	T
	** special contract price **						
7775551	2	0	20/Bx	Particulate Respirator Masks N95	18.1500	36.30	T
	** special contract price **						
2670005	3	0	65/Cn	Super Sani-Cloth XL 7.5" x 15	7.0400	21.12	T
	Go to your online account to retrieve this MSDS/SDS, 1057205 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
6780419	1	0	100/Bx	Cover Shoe Unisex Blue X-Large	10.9500	10.95	T
	** special contract price **						
1147953	2	0	10/Bx	Safety Scalpel Size 15	12.6800	25.36	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147335900110000000000143911108179

Cust #	:	03529511
Invoice #	:	47335900
Invoice Date	:	11/08/17
Amount	:	143.91
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47335900
Invoice Date	:	11/08/17
Amount	:	143.91
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57747083
Cust P O # : HSI_75629005	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	134.48
Tax	9.43
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>143.91</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47335935
Invoice Date	:	11/08/17
Amount	:	275.96
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57747264
Cust P O # : HSI_75582182	Ship Via : United Parcel Zone 4	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2270611	2	0	50/Bx	Quickvue Dipstick Strep A NonReturn	84.7000	169.40	T
Go to your online account to retrieve this MSDS/SDS, 1055330 - If you can't access online options, call 1-800-472-4346. ** special contract price **							
3018899	1	0	10/Kt	Binax Now RSV Test Waived	88.5000	88.50	T
THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER. Go to your online account to retrieve this MSDS/SDS, 105E166 - If you can't access online options, call 1-800-472-4346. ** special contract price **							

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	257.90
Tax	18.06
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>275.96</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147335935110000000000275961108177

Cust #	:	03529511
Invoice #	:	47335935
Invoice Date	:	11/08/17
Amount	:	275.96
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	: 47347687
Invoice Date	: 11/08/17
Amount	: 1,204.46
Terms	: Statement date + 20 days
Due Date	: 12/22/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57760500
Cust P O # : HSI_75626748	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9876133	2	0	50/Bx	Eclipse Syringe w/Needle 3cc 22gX1.5"	12.0900	24.18	T
	** special contract price **						
9875903	2	0	50/Bx	Safetyglide Syringe 1cc 25x5/8"	20.6300	41.26	T
	** special contract price **						
9874381	4	0	100/Bx	Eclipse Safety Needle 22gX1"	19.6600	78.64	T
	** special contract price **						
9873215	1	0	100/Bx	Vac Tubes PST Lt Green 4.5MI	30.3500	30.35	T
	** special contract price **						
9875421	1	0	100/Bx	Vacutainer Tube EDTA Lav 13x75 4ml	9.9700	9.97	T
	** special contract price **						
7846100	4	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	59.36	
	** special contract price ** NDC#: 68180063310						
1284493	20	0	5ml/VI	M2 - See message below for DSCSA compliance details Celestone Soluspan Inj MDV 6mg/ml	32.3100	646.20	
	** special contract price ** NDC#: 00085432001 M2 - See message below for DSCSA compliance details						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Continued on next Page

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147347687110000000001204461108176

Cust #	: 03529511
Invoice #	: 47347687
Invoice Date	: 11/08/17
Amount	: 1,204.46
Terms	: Statement date + 20 days
Due Date	: 12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05681 Claim 13-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 28 of 64



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47347687
Invoice Date	:	11/08/17
Amount	:	1,204.46
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57760500
Cust P O # : HSI_75626748	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1074050	1	0	25/Bx	One Step+ Strep A Dipstick	21.8800	21.88	T
	** special contract price **						
1126219	1	0	25/Bx	OneStep+ Influenza A&B Test Waived	259.9900	259.99	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.

This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	1,171.83
Tax	32.63
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>1,204.46</b>





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	47347744
Invoice Date	:	11/08/17
Amount	:	1,624.77
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57760516
Cust P O # : HSI_75631797	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3217445	1	0	10/Pk	Bicillin LA 2mL Syringe N/R 1.2M U NDC#: 60793070110 Go to your online account to retrieve this MSDS/SDS, 105H291 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	1,624.7700	1,624.77	
Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	1,624.77
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>1,624.77</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147347744110000000001624771108171

Cust #	:	03529511
Invoice #	:	47347744
Invoice Date	:	11/08/17
Amount	:	1,624.77
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	47352853
Invoice Date	:	11/08/17
Amount	:	905.43
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57760536
Cust P O # : HSI_75629149	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1116120	1	0	30mL/VI	Cyanocob Inj (B-12) Non-R 1000mcg NDC#: 52584013005 Go to your online account to retrieve this MSDS/SDS, 1052113 - If you can't access online options, call 1-800-472-4346. ** special contract price **	35.8500	35.85	
2270611	2	0	50/Bx	Quickvue Dipstick Strep A NonReturn M2 - See message below for DSCSA compliance details ** special contract price **	84.7000	169.40	T
1126219	2	0	25/Bx	THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER. OneStep+ Influenza A&B Test Waived ** special contract price **	259.9900	519.98	T
1284493	2	0	5mL/VI	Celestone Soluspan Inj MDV 6mg/ml ** special contract price ** NDC#: 00085432001	32.3100	64.62	
4912429	1	0	50/Ca	M2 - See message below for DSCSA compliance details Urine Collection CNS Kit 16x100 ** special contract price **	62.9200	62.92	T

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Continued on next Page

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147352853110000000000905431108174

Cust #	:	03529511
Invoice #	:	47352853
Invoice Date	:	11/08/17
Amount	:	905.43
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47352853
Invoice Date	:	11/08/17
Amount	:	905.43
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/08/17	Sls Ord # : 57760536
Cust P O # : HSI_75629149	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
Please refer to back of paperwork for Disclosures/Terms of Sale							
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website <a href="http://www.henryschein.com/pedigree">www.henryschein.com/pedigree</a> . If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	852.77
Tax	52.66
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>905.43</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47335901
Invoice Date	:	11/09/17
Amount	:	28.51
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

Cust # : 03529511	Ship Date : 11/09/17	Sls Ord # : 57747083
Cust P O # : HSI_75629005	Ship Via : Drop Ship	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9062414	1	0	8/Pk	Notes SS 2x2 Post-It Neon	8.0300	8.03	T
	DIRECTLY SHIPPED FROM THE MANUFACTURER						
	** special contract price **						
1243414	2	0	Ea	Binder View Slant-Ring White	9.3100	18.62	T
	DIRECTLY SHIPPED FROM THE MANUFACTURER						
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	26.65
Tax	1.86
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>28.51</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147335901110000000000028511109173

Cust #	:	03529511
Invoice #	:	47335901
Invoice Date	:	11/09/17
Amount	:	28.51
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	47400473
Invoice Date	:	11/10/17
Amount	:	156.64
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/10/17	Sls Ord # : 57815735
Cust P O # : HSI_75641965	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/09/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3150038	2	0	100/Bx	Surguard3 Safety Needle 22gx1.5	21.9600	43.92	T
	** special contract price **						
3150043	2	0	100/Bx	Surguard3 Safety Needle 25gx5/8	21.9600	43.92	T
	** special contract price **						
6940012	4	0	50/Bx	Magellan Safety Ndl/Syr 3mL 22X1	14.6400	58.56	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	146.40
Tax	10.24
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>156.64</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147400473110000000000156641110173

Cust #	:	03529511
Invoice #	:	47400473
Invoice Date	:	11/10/17
Amount	:	156.64
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	47347688
Invoice Date	:	11/13/17
Amount	:	55.92
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/13/17	Sls Ord # : 57760500
Cust P O # : HSI_75626748	Ship Via : Drop Ship	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9025122	1	0	5000/Ca	Paper Copy 20Lb White 8.5"x11"	52.2600	52.26	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	52.26
Tax	3.66
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>55.92</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147347688110000000000055921113176

Cust #	:	03529511
Invoice #	:	47347688
Invoice Date	:	11/13/17
Amount	:	55.92
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47352854
Invoice Date	:	11/13/17
Amount	:	123.59
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/13/17	Sls Ord # : 57760536
Cust P O # : HSI_75629149	Ship Via : Drop Ship	Sls Ord Dt : 11/08/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9051997	2	0	5Pk/Ca	Copy Paper 8-1/2x11 20lb ODB 500/Pk	29.3900	58.78	T
	DIRECTLY SHIPPED FROM THE MANUFACTURER						
	** special contract price **						
1237819	1	0	10/Pk	Bankers Box Storage/ File 10x12x15"	38.1100	38.11	T
	DIRECTLY SHIPPED FROM THE MANUFACTURER						
	** special contract price **						
9051842	1	0	10/Pk	Tape Correction,Multi,Fine White	18.6200	18.62	T
	DIRECTLY SHIPPED FROM THE MANUFACTURER						
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.

This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	115.51
Tax	8.08
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>123.59</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147352854110000000000123591113179

Cust #	:	03529511
Invoice #	:	47352854
Invoice Date	:	11/13/17
Amount	:	123.59
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47454834
Invoice Date	:	11/13/17
Amount	:	28.35
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/13/17	Sls Ord # : 57863875
Cust P O # : HSI_75648037	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/13/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2480409	5	0	50mL/VI	Xylocaine Plain MDV N-R 1% NDC#: 52584048557 Go to your online account to retrieve this MSDS/SDS, 1056743 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	5.6700	28.35	
Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website <a href="http://www.henryschein.com/pedigree">www.henryschein.com/pedigree</a> . If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	28.35
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>28.35</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147454834110000000000028351113179

Cust #	:	03529511
Invoice #	:	47454834
Invoice Date	:	11/13/17
Amount	:	28.35
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	47555696
Invoice Date	:	11/15/17
Amount	:	25.60
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/15/17	Sls Ord # : 57343226
Cust P O # : HSI_75520746	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/26/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2480644	10	0	50mL/VI	Lidocaine HCL Inj Non-Returnbl 1% NDC#: 52584027602 Go to your online account to retrieve this MSDS/SDS, 1057520 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	2.5600	25.60	

This is a backordered shipment for order:57343226 original invoice:46930787  
Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	25.60
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>25.60</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147555696110000000000025601115179

Cust #	:	03529511
Invoice #	:	47555696
Invoice Date	:	11/15/17
Amount	:	25.60
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47555706
Invoice Date	:	11/15/17
Amount	:	25.60
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/15/17	Sls Ord # : 57396458
Cust P O # : HSI_75550078	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 10/30/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2480644	10	0	50mL/Vl	Lidocaine HCL Inj Non-Returnbl 1%	2.5600	25.60	
** special contract price** NDC#: 52584027602 M2 - See message below for DSCSA compliance details							

This is a backordered shipment for order:57396458 original invoice:46983987  
 Please refer to back of paperwork for Disclosures/Terms of Sale  
 M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
 This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
 No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	25.60
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>25.60</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147555706110000000000025601115177

Cust #	:	03529511
Invoice #	:	47555706
Invoice Date	:	11/15/17
Amount	:	25.60
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47601578
Invoice Date	:	11/16/17
Amount	:	805.91
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/16/17	Sls Ord # : 58029763
Cust P O # : HSI_75678980	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/16/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI ** special contract price** NDC#: 68180063310 M2 - See message below for DSCSA compliance details	14.8400	29.68	
1284493	1	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml ** special contract price** NDC#: 00085432001 M2 - See message below for DSCSA compliance details	32.3100	32.31	
1022285	2	0	100/Bt	Urispec 11-Way ** special contract price**	18.9900	37.98	T
1126131	5	0	200/Bx	Alcohol Prep Pads Sterile 2Ply Med ** special contract price** NDC#: 00404000702	0.9700	4.85	T
9871301	1	0	50/Bx	Safety-Lok Blood Collection 23gx3/4" ** special contract price**	58.4700	58.47	T
9875902	2	0	50/Bx	SafetyGlide Needle 23Gx1" ** special contract price**	15.2000	30.40	T
6784045	3	0	250/Bx	SensiCare-Ice Nitrile PF Glove Medium ** special contract price**	14.6300	43.89	T

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147601578110000000000805911116172

Cust #	:	03529511
Invoice #	:	47601578
Invoice Date	:	11/16/17
Amount	:	805.91
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47601578
Invoice Date	:	11/16/17
Amount	:	805.91
Terms	:	Statement date + 20 days
Due Date	:	12/22/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/16/17	Sls Ord # : 58029763
Cust P O # : HSI_75678980	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/16/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
8909541	5	0	Ea	Sharps Container Red 2 Gallon	3.1500	15.75	T
	** special contract price **						
2670005	2	0	65/Cn	Super Sani-Cloth XL 7.5" x 15	7.0400	14.08	T
	** special contract price **						
9872786	1	0	100/Bx	Vacutainer Tube SST Red 8.5ml 16x100	35.7500	35.75	T
	** special contract price **						
9873215	1	0	100/Bx	Vac Tubes PST Lt Green 4.5MI	30.3500	30.35	T
	** special contract price **						
4126839	1	0	100/Bx	Vacutainer Hemogard Plastic 4ml	18.5400	18.54	T
	** special contract price **						
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	272.8800	272.88	
	** special contract price ** NDC#: 00009307303						
1133581	1	0	6/Bx	Dipper Urine Control Level 1&2 15ml	123.6700	123.67	T
	M2 - See message below for DSCSA compliance details						
	Go to your online account to retrieve this MSDS/SDS, 1050116 - If you can't access online options, call 1-800-472-4346.						
2480409	5	0	50mL/VI	Xylocaine Plain MDV N-R 1%	5.6700	28.35	
	** special contract price ** NDC#: 52584048557						
	M2 - See message below for DSCSA compliance details						

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	776.95
Tax	28.96
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>805.91</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47671119
Invoice Date	:	11/17/17
Amount	:	218.64
Terms	:	Invoice Date + 30 days
Due Date	:	12/17/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/17/17	Sls Ord # : 58101520
Cust P O # : HSI_75689184	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/17/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1127069	5	0	Ea	Hydrogen Peroxide 3% 16oz	0.4400	2.20	T
Go to your online account to retrieve this MSDS/SDS, 105P777 - If you can't access online options, call 1-800-472-4346.							
** special contract price **							
3110065	1	0	Ea	Waterpik Classic Water Flosser WP-72	41.9900	41.99	T
1246157	1	0	100/Bt	Clonidine HCL Tablets 0.1mg	1.3100	1.31	
** special contract price ** NDC#: 29300013501							
WH - See message below for DSCSA details. This item is non-returnable							
3150042	2	0	100/Bx	Surguard3 Safety Needle 23gx1	21.9600	43.92	T
** special contract price **							
1049908	1	0	25/Bx	Ketorolac Inj IM/IV SDV 1mL 30mg/mL	34.7600	34.76	
** special contract price ** NDC#: 00409379501							
M2 - See message below for DSCSA compliance details							
2480160	10	0	30mL/VI	Dexamethasone Sod MDV N-R 4mg/mL	8.8300	88.30	
** special contract price ** NDC#: 52584042100							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147671119110000000000218641117172

Cust #	:	03529511
Invoice #	:	47671119
Invoice Date	:	11/17/17
Amount	:	218.64
Terms	:	Invoice Date + 30 days
Due Date	:	12/17/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47671119
Invoice Date	:	11/17/17
Amount	:	218.64
Terms	:	Invoice Date + 30 days
Due Date	:	12/17/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/17/17	Sls Ord # : 58101520
Cust P O # : HSI_75689184	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/17/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
M2 - See message below for DSCSA compliance details							
Please refer to back of paperwork for Disclosures/Terms of Sale							
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346							
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	212.48
Tax	6.16
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>218.64</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47671120
Invoice Date	:	11/21/17
Amount	:	194.00
Terms	:	Invoice Date + 30 days
Due Date	:	12/21/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/21/17	Sls Ord # : 58101520
Cust P O # : HSI_75689184	Ship Via : Drop Ship	Sls Ord Dt : 11/17/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9058367	1	0	Ea	Cartridge Toner LsrJt Blk CE255A	161.1700	161.17	T
	DIRECTLY SHIPPED FROM THE MANUFACTURER						
	** special contract price **						
9031226	2	0	Ea	Punch Paper 2-Hole 20Sheet	10.0700	20.14	T
	DIRECTLY SHIPPED FROM THE MANUFACTURER						
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale

WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346

M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.

This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	181.31
Tax	12.69
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>194.00</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147671120110000000000194001121178

Cust #	:	03529511
Invoice #	:	47671120
Invoice Date	:	11/21/17
Amount	:	194.00
Terms	:	Invoice Date + 30 days
Due Date	:	12/21/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47834313
Invoice Date	:	11/27/17
Amount	:	174.67
Terms	:	Invoice Date + 30 days
Due Date	:	12/27/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/27/17	Sls Ord # : 58254050
Cust P O # : HSI_75729284	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/27/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9875421	1	0	100/Bx	Vacutainer Tube EDTA Lav 13x75 4ml	9.9700	9.97	T
	** special contract price **						
4912429	1	0	50/Ca	Urine Collection CNS Kit 16x100	62.9200	62.92	T
	** special contract price **						
9871301	1	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	58.4700	58.47	T
	** special contract price **						
7770570	1	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	31.8900	31.89	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	163.25
Tax	11.42
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>174.67</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147834313110000000000174671127177

Cust #	:	03529511
Invoice #	:	47834313
Invoice Date	:	11/27/17
Amount	:	174.67
Terms	:	Invoice Date + 30 days
Due Date	:	12/27/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47834378
Invoice Date	:	11/28/17
Amount	:	9.99
Terms	:	Invoice Date + 30 days
Due Date	:	12/28/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/28/17	Sls Ord # : 58254058
Cust P O # : HSI_75734121	Ship Via : Drop Ship	Sls Ord Dt : 11/27/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1293430	2	0	250/Pk	Smead ETS Color-Coded 2018 Yr 1/2" x 1"	4.6700	9.34	T
				DIRECTLY SHIPPED FROM THE MANUFACTURER			
				** special contract price **			
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	9.34
Tax	0.65
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>9.99</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147834378110000000000009991128178

Cust #	:	03529511
Invoice #	:	47834378
Invoice Date	:	11/28/17
Amount	:	9.99
Terms	:	Invoice Date + 30 days
Due Date	:	12/28/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47931506
Invoice Date	:	11/28/17
Amount	:	119.35
Terms	:	Invoice Date + 30 days
Due Date	:	12/28/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 11/28/17	Sls Ord # : 58254058
Cust P O # : HSI_75734121	Ship Via : Drop Ship	Sls Ord Dt : 11/27/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9025122	1	0	5000/Ca	Paper Copy 20Lb White 8.5"x11"	52.2600	52.26	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							
9044882	1	0	12/Bx	Storage Boxes Lgl Blue/White 10.5x15 7	59.2800	59.28	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							

This is a backordered shipment for order:58254058 original invoice:47834378  
Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	111.54
Tax	7.81
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>119.35</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147931506110000000000119351128178

Cust #	:	03529511
Invoice #	:	47931506
Invoice Date	:	11/28/17
Amount	:	119.35
Terms	:	Invoice Date + 30 days
Due Date	:	12/28/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47960942
Invoice Date	:	11/29/17
Amount	:	107.18
Terms	:	Invoice Date + 30 days
Due Date	:	12/29/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/29/17	Sls Ord # : 58381363
Cust P O # : HSI_75763496	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 11/29/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI ** special contract price** NDC#: 68180063310 M2 - See message below for DSCSA compliance details	14.8400	29.68	
1024486	2	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml ** special contract price** NDC#: 63323016530 M2 - See message below for DSCSA compliance details	32.1400	64.28	
8310309	10	0	100/Bx	Tissue Facial Premium 8x8.4" ** special contract price**	0.9100	9.10	T
1002416	1	0	500/Bx	Tongue Depressors Non Sterile Adult ** special contract price**	3.2500	3.25	T

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	106.31
Tax	0.87
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>107.18</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951147960942110000000000107181129178

Cust #	:	03529511
Invoice #	:	47960942
Invoice Date	:	11/29/17
Amount	:	107.18
Terms	:	Invoice Date + 30 days
Due Date	:	12/29/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	47990103
Invoice Date	:	11/30/17
Amount	:	37.44
Terms	:	Invoice Date + 30 days
Due Date	:	12/30/17

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 11/30/17	Sls Ord # : 58101520
Cust P O # : HSI_75689184	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/17/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1049909	1	0	25/Bx	Ketorolac Inj IM SDV 2mL 60mg/2mL	37.4400	37.44	
** special contract price ** NDC#: 00409379601 M2 - See message below for DSCSA compliance details							

This is a backordered shipment for order:58101520 original invoice:47671119  
 Please refer to back of paperwork for Disclosures/Terms of Sale  
 WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346  
 M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
 This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
 No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	37.44
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>37.44</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035295114799010311000000000037441130173

Cust #	:	03529511
Invoice #	:	47990103
Invoice Date	:	11/30/17
Amount	:	37.44
Terms	:	Invoice Date + 30 days
Due Date	:	12/30/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48042677
Invoice Date	:	12/01/17
Amount	:	262.65
Terms	:	Invoice Date + 30 days
Due Date	:	12/31/17

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 12/01/17	Sls Ord # : 58447654
Cust P O # : HSI_75782971	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/30/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7770572	1	0	36/Ca	Wrap Coban LF Brights Pk HT 2"x5yd	69.8200	69.82	T
	** special contract price **						
4126839	1	0	100/Bx	Vacutainer Hemogard Plastic 4ml	18.5400	18.54	T
	Go to your online account to retrieve this MSDS/SDS, 105C614 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
9174425	1	0	50/Ca	Collection Kit Urine	59.6600	59.66	T
	** special contract price **						
2670005	1	0	Case	Super Sani-Cloth XL 7.5" x 15	42.2400	42.24	T
	Go to your online account to retrieve this MSDS/SDS, 1057205 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
6437651	1	0	Case	Kleenex Facial Tissue 2Ply	55.2000	55.20	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

*Continued on next Page*

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035295114804267711000000000262651201176

Cust #	:	03529511
Invoice #	:	48042677
Invoice Date	:	12/01/17
Amount	:	262.65
Terms	:	Invoice Date + 30 days
Due Date	:	12/31/17

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48042677
Invoice Date	:	12/01/17
Amount	:	262.65
Terms	:	Invoice Date + 30 days
Due Date	:	12/31/17

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 12/01/17	Sls Ord # : 58447654
Cust P O # : HSI_75782971	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 11/30/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	245.46
Tax	17.19
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>262.65</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48201592
Invoice Date	:	12/06/17
Amount	:	126.63
Terms	:	Invoice Date + 30 days
Due Date	:	01/05/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

DEA#: BH1423209  
STATE REG#: 11732

Cust # : 03529511	Ship Date : 12/06/17	Sls Ord # : 58619314
Cust P O # : HSI_75821191	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 12/06/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI ** special contract price** NDC#: 68180063310 M2 - See message below for DSCSA compliance details	14.8400	29.68	
9080963	2	0	10ml/VI	Depo-Testosterone Inj Vial 200mg/mL ** special contract price** NDC#: 00009041702 M2 - See message below for DSCSA compliance details	43.1700	86.34	
1158420	1	0	Ea	Carry Caddy Tote Blue ** special contract price**	9.9200	9.92	T

Please refer to back of paperwork for Disclosures/Terms of Sale  
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This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	125.94
Tax	0.69
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>126.63</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148201592110000000000126631206171

Cust #	:	03529511
Invoice #	:	48201592
Invoice Date	:	12/06/17
Amount	:	126.63
Terms	:	Invoice Date + 30 days
Due Date	:	01/05/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48197028
Invoice Date	:	12/06/17
Amount	:	160.87
Terms	:	Invoice Date + 30 days
Due Date	:	01/05/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 12/06/17	Sls Ord # : 58616037
Cust P O # : HSI_75819300	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 12/06/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9080083	1	0	25Vls/Bx	Cleocin Phosphate Inj 2mL NDC#: 00009087026 Go to your online account to retrieve this MSDS/SDS, 1053064 - If you can't access online options, call 1-800-472-4346. ** special contract price **	69.2100	69.21	
1105199	1	0	1ml/VI	Aplisol Tuberculin PPD SO 10Tests NDC#: 42023010401 M2 - See message below for DSCSA compliance details ** special contract price **	91.6600	91.66	

Please refer to back of paperwork for Disclosures/Terms of Sale  
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This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	160.87
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>160.87</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148197028110000000000160871206173

Cust #	:	03529511
Invoice #	:	48197028
Invoice Date	:	12/06/17
Amount	:	160.87
Terms	:	Invoice Date + 30 days
Due Date	:	01/05/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48248322
Invoice Date	:	12/07/17
Amount	:	45.91
Terms	:	Invoice Date + 30 days
Due Date	:	01/06/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

Cust # : 03529511	Ship Date : 12/07/17	Sls Ord # : 58663750
Cust P O # : HSI_75828897	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 12/07/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1530163	2	0	50/Bx	Halyard100 Procedure Mask Blue	6.5300	13.06	T
	** special contract price **						
1517515	1	0	20/Bx	Primapore Dressing 6x3-1/8	20.1500	20.15	T
	** special contract price **						
9330081	1	0	25/Bx	Island Dressing Sterile Non-Wo 4"x5"	9.7000	9.70	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	42.91
Tax	3.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>45.91</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148248322110000000000045911207170

Cust #	:	03529511
Invoice #	:	48248322
Invoice Date	:	12/07/17
Amount	:	45.91
Terms	:	Invoice Date + 30 days
Due Date	:	01/06/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48201593
Invoice Date	:	12/07/17
Amount	:	55.92
Terms	:	Invoice Date + 30 days
Due Date	:	01/06/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 12/07/17	Sls Ord # : 58619314
Cust P O # : HSI_75821191	Ship Via : Drop Ship	Sls Ord Dt : 12/06/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9025122	1	0	5000/Ca	Paper Copy 20Lb White 8.5"x11"	52.2600	52.26	T
DIRECTLY SHIPPED FROM THE MANUFACTURER ** special contract price **							

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	52.26
Tax	3.66
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>55.92</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035295114820159311000000000055921207178

Cust #	:	03529511
Invoice #	:	48201593
Invoice Date	:	12/07/17
Amount	:	55.92
Terms	:	Invoice Date + 30 days
Due Date	:	01/06/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48248323
Invoice Date	:	12/08/17
Amount	:	55.92
Terms	:	Invoice Date + 30 days
Due Date	:	01/07/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Speciality Clinic MD  
255 Medical Center Dr Ste C  
Donald H Parnell JR MD  
Batesville MS 38606

Cust # : 03529511	Ship Date : 12/08/17	Sls Ord # : 58663750
Cust P O # : HSI_75828897	Ship Via : Drop Ship	Sls Ord Dt : 12/07/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9025122	1	0	5000/Ca	Paper Copy 20Lb White 8.5"x11"	52.2600	52.26	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	52.26
Tax	3.66
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>55.92</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148248323110000000000055921208174

Cust #	:	03529511
Invoice #	:	48248323
Invoice Date	:	12/08/17
Amount	:	55.92
Terms	:	Invoice Date + 30 days
Due Date	:	01/07/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48585721
Invoice Date	:	12/18/17
Amount	:	466.26
Terms	:	Invoice Date + 30 days
Due Date	:	01/17/18

Address Service Requested

Bill To:

Page 1 of 3

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

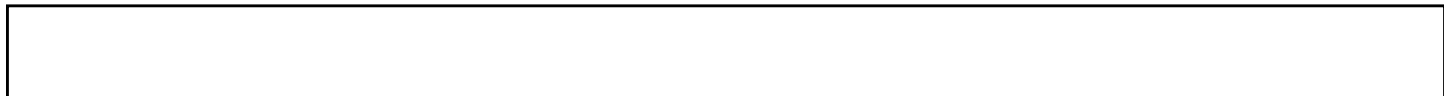
Cust # : 03529511	Ship Date : 12/18/17	Sls Ord # : 59016076
Cust P O # : HSI_75904112	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 12/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1116120	1	0	30mL/Vl	Cyanocob Inj (B-12) Non-R 1000mcg	35.8500	35.85	
	** special contract price** NDC#: 52584013005 M2 - See message below for DSCSA compliance details						
1024486	2	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml	32.1400	64.28	
	** special contract price** NDC#: 63323016530 M2 - See message below for DSCSA compliance details						
1022285	2	0	100/Bt	Urispec 11-Way	18.9900	37.98	T
	** special contract price**						
9877244	1	0	100/Bx	Needle Blunt LL 3mL Ster 18Gx1.5	18.2600	18.26	T
	** special contract price**						
9871301	1	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	58.4700	58.47	T
	** special contract price**						
9875902	2	0	50/Bx	SafetyGlide Needle 23Gx1"	15.2000	30.40	T
	** special contract price**						
6812558	1	0	250/Bx	Tourniquet Latex Flat White 1"x18"	25.7100	25.71	T
	** special contract price**						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880



Remittance Section



010000352951148585721110000000000466261218173

Cust #	:	03529511
Invoice #	:	48585721
Invoice Date	:	12/18/17
Amount	:	466.26
Terms	:	Invoice Date + 30 days
Due Date	:	01/17/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48585721
Invoice Date	:	12/18/17
Amount	:	466.26
Terms	:	Invoice Date + 30 days
Due Date	:	01/17/18

Address Service Requested

Page 2 of 3

Bill To:

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:

Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 12/18/17	Sls Ord # : 59016076
Cust P O # : HSI_75904112	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 12/18/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
4912429	1	0	50/Ca	Urine Collection CNS Kit 16x100	62.9200	62.92	T
	** special contract price **						
9872786	1	0	100/Bx	Vacutainer Tube SST Red 8.5ml 16x100	35.7500	35.75	T
	** special contract price **						
9873215	1	0	100/Bx	Vac Tubes PST Lt Green 4.5MI	30.3500	30.35	T
	** special contract price **						
9877504	1	0	100/Bx	Vac Plus Tubes EDTA Lavendar W/hemgo	23.8000	23.80	T
	** special contract price **						
4126839	1	0	100/Bx	Vacutainer Hemogard Plastic 4ml	18.5400	18.54	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
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This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	442.31
Tax	23.95
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>466.26</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48599252
Invoice Date	:	12/19/17
Amount	:	59.36
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 12/19/17	Sls Ord # : 58851795
Cust P O # : HSI_75873517	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 12/13/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	4	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI ** special contract price** NDC#: 68180063310	14.8400	59.36	
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	59.36
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>59.36</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148599252110000000000059361219171

Cust #	:	03529511
Invoice #	:	48599252
Invoice Date	:	12/19/17
Amount	:	59.36
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48599287
Invoice Date	:	12/19/17
Amount	:	45.20
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 12/19/17	Sls Ord # : 58875154
Cust P O # : MICHELLE-VERBL	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 12/13/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2670005	6	0	65/Cn	Super Sani-Cloth XL 7.5" x 15	7.0400	42.24	T
** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	42.24
Tax	2.96
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>45.20</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148599287110000000000045201219173

Cust #	:	03529511
Invoice #	:	48599287
Invoice Date	:	12/19/17
Amount	:	45.20
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48599264
Invoice Date	:	12/19/17
Amount	:	189.75
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

STATE REG#: 11732

Cust # : 03529511	Ship Date : 12/19/17	Sls Ord # : 58813814
Cust P O # : HSI_75862381	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 12/12/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9871301	2	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	58.4700	116.94	T
	** special contract price **						
1284493	2	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml	32.3100	64.62	
	** special contract price ** NDC#: 00085432001						
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	181.56
Tax	8.19
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>189.75</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148599264110000000000189751219170

Cust #	:	03529511
Invoice #	:	48599264
Invoice Date	:	12/19/17
Amount	:	189.75
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48042790
Invoice Date	:	12/19/17
Amount	:	474.00
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Family Care Clinic MD  
303 Medical Center Dr  
Michael R Havens MD  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 12/19/17	Sls Ord # : 58456366
Cust P O # :	Ship Via : Drop Ship	Sls Ord Dt : 12/01/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9065153	2	0	Ea	Desk Executive Brown 29x60x29.	181.5000	363.00	T
DIRECTLY SHIPPED FROM THE MANUFACTURER ** special contract price **							

Thank you for your order! Cherie @ ext 222 8750 NY  
Spoke with: MICHELLE  
Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	363.00
Tax	31.01
Shipping and/or Handling	79.99
<b>Total Amount</b>	<b>474.00</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148042790110000000000474001219178

Cust #	:	03529511
Invoice #	:	48042790
Invoice Date	:	12/19/17
Amount	:	474.00
Terms	:	Invoice Date + 30 days
Due Date	:	01/18/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	48599266
Invoice Date	:	12/20/17
Amount	:	21.73
Terms	:	Invoice Date + 30 days
Due Date	:	01/19/18

Address Service Requested

Bill To:

Page 1 of 2

Batesville MI  
303 Medical Center Dr  
Batesville, MS 386068608

Ship To / Sold To:  
Batesville Primary Care Clinic MD  
255 Medical Center Dr  
Ste A/Michael Havens  
Batesville MS 386068608

Cust # : 03529511	Ship Date : 12/20/17	Sls Ord # : 58813814
Cust P O # : HSI_75862381	Ship Via : Drop Ship	Sls Ord Dt : 12/12/17
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9022628	1	0	12/Pk	Writing Pad White 8.5"X11"	8.4600	8.46	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							
9025611	1	0	12/Pk	Pad Perf Prism 5x8 Jr Lgl	11.8500	11.85	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							

This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	20.31
Tax	1.42
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>21.73</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352951148599266110000000000021731220176

Cust #	:	03529511
Invoice #	:	48599266
Invoice Date	:	12/20/17
Amount	:	21.73
Terms	:	Invoice Date + 30 days
Due Date	:	01/19/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

# Medical Terms & Conditions

## THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

## DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subject to a bundled discount or rebate pursuant to a purchase offer, promotion, or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain this invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion, or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

## DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Continental U.S.:

All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

### Alaska, Hawaii & Pacific Protectorates:

Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery.

No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

### Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

● All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS).

● Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

### Outside U.S. (50 states):

If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America).

Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

## RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state DEA registration. For controlled substances, furnish a copy of your DEA registration verifying your shipping address.

Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail.

For information on our Controlled Substance Ordering System please visit [www.henryschein.com/e222](http://www.henryschein.com/e222); if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, please mail the form to:

Henry Schein, Inc. ● Suite 300, 5315 West 74th Street ● Indianapolis, IN 46268

## REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

To arrange for a product return, simply call Customer Service as noted below:

### Henry Schein Medical

Customer Service: 1.800.472.4346 8am9pm, et.

Place an Order: 1.800.772.4346 8am9pm, et.

Fax an Order: 1.800.329.9109 24 Hours.

Internet: [www.henryschein.com/medical](http://www.henryschein.com/medical)

E-Mail: [custserv@henryschein.com](mailto:custserv@henryschein.com)

### 340B Program

Customer Service: 1.877.344.3402 8:30am5:30pm, et.

Place an Order: 1.877.344.3402 8:30am5:30pm, et.

Fax an Order: 1.888.885.2253 24 Hours.

E-Commerce Support: 1.800.711.6032 8am8pm, et.

Internet: [www.henryschein.com/340B](http://www.henryschein.com/340B)

E-Mail: [customer.support@henryschein.com](mailto:customer.support@henryschein.com)

### Henry Schein Medical/EMS

Customer Service: 1.800.845.3550 8:30am5:30pm, et.

Place an Order: 1.800.845.3550 8:30am5:30pm, et.

Fax an Order: 1.800.533.4793 24 Hours.

Internet: [www.henryschein.com/ems](http://www.henryschein.com/ems)

E-Mail: [scott.bruner@henryschein.com](mailto:scott.bruner@henryschein.com)

Please see: <http://www.Henryschein.com/US-EN/Medical/LegalTerms.ASPX> for Conditions & Exceptions.

## RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue credit (if applicable).
- Shipping charges will apply on all returns.

### Exceptions:

The following special, customized, or government-regulated items are not returnable: ● Immune globulin products ● Special order items (products that we do not ordinarily stock) ● Personalized and imprinted items ● Opened computer hardware and software ● Controlled substances ● Hazardous materials ● Expired products ● Items that cannot be returned to the manufacturer ● Any item marked nonreturnable

### Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

### Prescription Drug Returns:

Please note that, in order to comply with Federal and State Pedigree requirements, Henry Schein's policy on the return of Rx Drugs is as follows:

Rx Drugs which Henry Schein has purchased from wholesalers are not returnable. These items will be identified in your invoice with the code WH.

Rx Drugs which are purchased by Henry Schein directly from the manufacturer may be returned providing that the following key elements are met:

- 1) Only returns due to error in order or delivery will be allowed.
- 2) Returns of Rx Drugs will only be accepted if HSI is notified within 14 calendar days of receipt of the shipment and valid return authorization is issued by HSI.
- 3) The Prescription Drug Marketing Act requires any customer returning Rx Drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning Rx Drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 4) In addition, Pedigree regulations require that the healthcare entity returning Rx Drugs certifies that the product being returned is the same exact product purchased from HSI.
- 5) Henry Schein will not issue credit for any returned Rx Drugs which have been tampered with, are out of date or where the labeling has been altered in any way.

## CHOOSE YOUR PAYMENT METHOD

**2% Cash Back or Maximum Rewards on all purchases with the Henry Schein Credit Card. To apply now, call: 1.866.398.9296 or online [www.henryschein.com/creditcard](http://www.henryschein.com/creditcard) Reduce the cost and administration of paying Henry ScheinPay electronically (ACH Debit) or set up AutoPay.**

**Please call Customer Service for details.**

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

### Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

### [3:18-bk-05681 Batesville Regional Physicians, LLC](#)

<b>Judge:</b> Charles M Walker	<b>Chapter:</b> 11	
<b>Office:</b> Nashville	<b>Last Date to file claims:</b>	
<b>Trustee:</b>	<b>Last Date to file (Govt):</b>	
<i>Creditor:</i> (6726414)	<b>Claim No:</b> 13	<i>Status:</i>
HENRY SCHEIN	<i>Original Filed</i>	<i>Filed by:</i> CR
135 DURYE A ROAD	<i>Date:</i> 01/21/2019	<i>Entered by:</i> admin
MELVILLE, NY 11747	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/21/2019	

Amount claimed: \$18183.88

*History:*

[Details](#) [13-1](#) 01/21/2019 Claim #13 filed by HENRY SCHEIN, Amount claimed: \$18183.88 (admin)

*Description:*

*Remarks:* (13-1) Account Number (last 4 digits):9511

### Claims Register Summary

**Case Name:** Batesville Regional Physicians, LLC  
**Case Number:** 3:18-bk-05681  
**Chapter:** 11  
**Date Filed:** 08/24/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$18183.88
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		