

Fill in this information to identify the case:

Debtor 1 <u>Clarksdale Regional Physicians, LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05682

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

1. Who is the current creditor?	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 _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? HENRY SCHEIN _____ Name 135 DURYEA ROAD MELVILLE, NY 11747 Contact phone <u>631-843-5769</u> Contact email <u>abe.thomas@henryschein.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>11</u> Filed on <u>01/21/2019</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<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>6. Do you have any number you use to identify the debtor?</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>8806</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>16555.75</u></p> <p>Does this amount include interest or other charges? <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>8. What is the basis of the claim?</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>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <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>Basis for perfection: _____</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>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</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:	Amount entitled to priority
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 1-3834
City State ZIP Code

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

Debtor: 3678806 Clarksdale Regional Physicians

4/28/2018	RF	52890018		52890018		\$51.15	\$51.15	
6/2/2018	RF	54005246		54005246		\$40.33	\$40.33	
6/30/2018	RF	54923991		54923991		\$69.30	\$69.30	
8/4/2018	RF	55996193		55996193		\$153.30	\$153.30	\$314.08
4/13/2018	RI	52381319	01	52381319	784-348	\$366.69	\$299.33	
4/16/2018	RI	52425714	02	52425714	780-739	\$137.10	\$137.10	
4/17/2018	RI	52500838	01	52500838	782-183	\$78.36	\$78.36	
4/18/2018	RI	52548494	01	52548494	768-43 HS	\$577.86	\$577.86	
4/18/2018	RI	52552546	01	52552546	780-740	\$288.55	\$288.55	
4/19/2018	RI	52569161	01	52569161	771-260	\$23.37	\$23.37	
4/20/2018	RI	52600355	02	52600355	780-740	\$8.76	\$8.76	
4/20/2018	RI	52552547	01	52552547	780-740	\$5.00	\$5.00	
4/24/2018	RI	52699469	01	52699469	HSI_76832336	\$137.10	\$137.10	
5/3/2018	RI	53028182	01	53028182	784-286HS	\$220.28	\$220.28	
5/3/2018	RI	53049255	01	53049255	784-286HS	\$229.90	\$229.90	
5/15/2018	RI	53436023	01	53436023	784-286HS	\$450.18	\$450.18	
5/22/2018	RI	53621276	01	53621276	784-288HS	\$56.72	\$56.72	
5/23/2018	RI	53685844	01	53685844	780-378	\$287.26	\$287.26	
5/24/2018	RI	53719169	01	53719169	774-401	\$171.15	\$171.15	
5/24/2018	RI	53758289	01	53758289	781-350	\$435.51	\$435.51	
5/24/2018	RI	53685845	01	53685845	780-378	\$15.95	\$15.95	
5/25/2018	RI	53798555	01	53798555	781-351	\$143.34	\$143.34	
5/31/2018	RI	53901366	02	53901366	774-398	\$33.47	\$33.47	
6/1/2018	RI	53758291	01	53758291	781-350	\$181.27	\$181.27	
6/5/2018	RI	54060794	02	54060794	780-378	\$3.21	\$3.21	
6/5/2018	RI	54080968	01	54080968	782-187	\$58.31	\$58.31	
6/6/2018	RI	54124083	01	54124083	784-289HS	\$242.70	\$242.70	
6/6/2018	RI	54124140	01	54124140	774-402	\$412.63	\$412.63	
6/11/2018	RI	54278430	01	54278430	780-380	\$3,405.91	\$3,405.91	
6/18/2018	RI	54480348	01	54480348	777-166	\$270.60	\$270.60	
6/18/2018	RI	54491756	01	54491756	784-290HS	\$454.16	\$454.16	
6/19/2018	RI	54527155	01	54527155	771-263	\$49.96	\$49.96	
6/20/2018	RI	54555366	01	54555366	781-352	\$183.69	\$183.69	
6/20/2018	RI	54595226	01	54595226	780-381	\$525.50	\$525.50	
6/21/2018	RI	54620074	01	54620074	784-291HS	\$555.46	\$555.46	
6/22/2018	RI	54644720	02	54644720	780-381	\$82.98	\$82.98	
6/26/2018	RI	54750201	01	54750201	HSI_77300786	\$111.34	\$111.34	
7/5/2018	RI	54595228	01	54595228	780-381	\$181.27	\$181.27	
7/6/2018	RI	55069317	01	55069317	774-404	\$210.74	\$210.74	
7/9/2018	RI	55092417	03	55092417	780-381	\$168.59	\$168.59	
7/9/2018	RI	55133365	01	55133365	782-189	\$20.77	\$20.77	
7/12/2018	RI	55265824	01	55265824	780-383	\$198.66	\$198.66	

Debtor: 3678806 Clarksdale Regional Physicians

7/12/2018	RI	55262171	01	55262171	768-44HS	\$798.70	\$798.70	
7/16/2018	RI	55313110	01	55313110	777-168	\$53.39	\$53.39	
7/16/2018	RI	55262173	01	55262173	768-44HS	\$181.27	\$181.27	
7/19/2018	RI	55457145	01	55457145	771-265	\$424.15	\$424.15	
7/19/2018	RI	55265826	01	55265826	780-383	\$62.00	\$62.00	
7/20/2018	RI	55529846	01	55529846	768-46HS	\$157.70	\$157.70	
7/27/2018	RI	55718325	01	55718325	784-293HS	\$34.22	\$34.22	
7/30/2018	RI	55798236	02	55798236	777-168	\$15.32	\$15.32	
8/9/2018	RI	56139249	01	56139249	HSI_77609889	\$2,853.23	\$2,853.23	
8/9/2018	RI	55718326	01	55718326	784-293HS	\$181.27	\$181.27	
8/10/2018	RI	56210722	01	56210722	774-403	\$563.48	\$563.48	\$16,241.67
						TOTAL =	16,555.75	16,555.75



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	52381319
Invoice Date	:	04/13/18
Amount	:	366.69
Terms	:	Invoice Date + 30 days
Due Date	:	05/13/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 04/13/18	Sls Ord # : 62795832
Cust P O # : 784-348	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/13/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3581511	5	0	Ea	Lysol II Scented Spray 19oz	12.2700	61.35	T
				Go to your online account to retrieve this MSDS/SDS, 1058985 - If you can't access online options, call 1-800-472-4346.			
1118536	1	0	Case	Criterion Glove PF Nitrile LF Medium	47.9000	47.90	T
				Go to your online account to retrieve this MSDS/SDS, 105AH09 - If you can't access online options, call 1-800-472-4346.			
1479303	2	0	50/Bx	Contour Bld GI Strp Test Strips	15.7300	31.46	T
				** special contract price**			
8917593	1	0	2x24/Bx	Coaguchek XS Test Strips Vials	202.0000	202.00	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	342.71
Tax	23.98
Shipping and/or Handling	0.00
Total Amount	366.69

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

Remittance Section



010000367880652381319110000000000366690413185

Cust #	:	03678806
Invoice #	:	52381319
Invoice Date	:	04/13/18
Amount	:	366.69
Terms	:	Invoice Date + 30 days
Due Date	:	05/13/18

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 #	:	52425714
Invoice Date	:	04/16/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/16/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 04/16/18	Sls Ord # : 62571419
Cust P O # : 780-739	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1298003	1	0	Ea	Data Logger Refrig/ Freez 2 Btl Pro	128.1300	128.13	T
** special contract price **							
This is a backordered shipment for order:62571419 original invoice:52159124							
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	128.13
Tax	8.97
Shipping and/or Handling	0.00
Total Amount	137.10

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

Remittance Section



010000367880652425714110000000000137100416183

Cust #	:	03678806
Invoice #	:	52425714
Invoice Date	:	04/16/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/16/18

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 #	:	52500838
Invoice Date	:	04/17/18
Amount	:	78.36
Terms	:	Invoice Date + 30 days
Due Date	:	05/17/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Gastroenterology MD
785 Ohio Ave Ste 3E
Richard Brownstein
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 04/17/18	Sls Ord # : 62919654
Cust P O # : 782-183	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1009865	1	0	12/Ca	Table Paper Crepe STD 18"x125'	14.4500	14.45	T
	** special contract price **						
2900727	1	0	24/Pk	Emesis Vomit Bag	22.1800	22.18	T
	** special contract price **						
5660460	3	0	250/SI	Probe Covers Disp SureTemp	3.6700	11.01	T
	** special contract price **						
9210011	2	0	100/Ca	Pillow Covers White 21"x30"	12.8000	25.60	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	73.24
Tax	5.12
Shipping and/or Handling	0.00
Total Amount	78.36

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

Remittance Section



010000367880652500838110000000000078360417183

Cust #	:	03678806
Invoice #	:	52500838
Invoice Date	:	04/17/18
Amount	:	78.36
Terms	:	Invoice Date + 30 days
Due Date	:	05/17/18

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 #	:	52548494
Invoice Date	:	04/18/18
Amount	:	577.86
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care MD
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970377
Cust P O # : 768-43 HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9870248	2	0	200/Bx	Luer-Lok Syringe Only 3cc	7.1300	14.26	T
	** special contract price **						
9087376	2	0	10ml/VI	Lincocin Injection 300mg NDC#: 00009055502	187.3000	374.60	
	Go to your online account to retrieve this MSDS/SDS, 1052693 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
9081188	2	0	10ml/VI	M2 - See message below for DSCSA compliance details Depo-Medrol Inj MDV 40mg/ml NDC#: 00009028003	78.8500	157.70	
	Go to your online account to retrieve this MSDS/SDS, 1052342 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
3150042	2	0	100/Bx	M2 - See message below for DSCSA compliance details Surguard3 Safety Needle 23gx1	14.1600	28.32	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



010000367880652548494110000000000577860418181

Cust #	:	03678806
Invoice #	:	52548494
Invoice Date	:	04/18/18
Amount	:	577.86
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

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 #	:	52548494
Invoice Date	:	04/18/18
Amount	:	577.86
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Primary Care MD
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970377
Cust P O # : 768-43 HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 04/18/18
		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 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	574.88
Tax	2.98
Shipping and/or Handling	0.00
Total Amount	577.86



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	52552546
Invoice Date	:	04/18/18
Amount	:	288.55
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

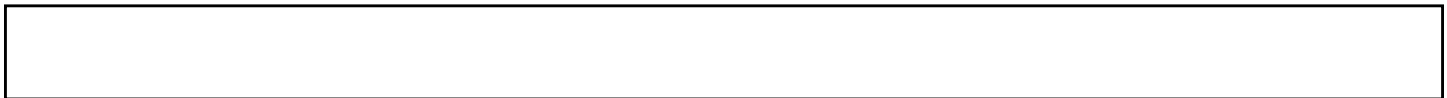
Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1531346	1	0	250/Ca	Infectious Waste Bag Red 1.2mL 30 Gallon	54.0800	54.08	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						
1048645	1	0	25/Bx	Diphenhydramine Inj SDV 1ml 50mg/ml	16.0500	16.05	
	NDC#: 63323066401						
	Go to your online account to retrieve this MSDS/SDS, 105D738 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
	M2 - See message below for DSCSA compliance details						
7770572	1	0	36/Ca	Wrap Coban LF Brights PK HT 2"x5yd	34.8600	34.86	T
	** special contract price **						
1118535	1	0	Case	Criterion Glove PF Nitrile LF Small	47.9000	47.90	T
	** special contract price **						
2484301	1	0	10mL/VI	Cyanocob Inj (B-12) Non-Return 1000mcg	14.8400	14.84	

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



010000367880652552546110000000000288550418180

Cust #	:	03678806
Invoice #	:	52552546
Invoice Date	:	04/18/18
Amount	:	288.55
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

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 #	:	52552546
Invoice Date	:	04/18/18
Amount	:	288.55
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				** special contract price** NDC#: 52584003225			
				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**			
3950018	1	0	6/Ca	Roll Towel 400 Ft	21.6000	21.60	T
				** special contract price**			
3958757	1	0	8Rl/Ca	Toilet Tissue Jumbo 2-Ply 1000ft/Rl	15.5000	15.50	T
				** special contract price**			
9871590	1	0	10/Bx	Bandage Ace Elastic N/S 3"X5Yd	15.0000	15.00	T
				** special contract price**			
7887759	6	0	Ea	Removal Suture Skin Kit	0.5900	3.54	T
				** special contract price**			
1001444	1	0	200/Pk	All-Gauze Sponge Non Sterile 4"x4" 12p	3.0900	3.09	T
				** special contract price**			
7880355	2	0	Ea	Incision & Drainage Tray Ster	3.5700	7.14	T
				** special contract price**			
1536483	1	0	250ml/Bt	Sterile Water For Irrigation 250ml Str	4.2800	4.28	T
				** special contract price** NDC#: 00338000402			

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	273.91
Tax	14.64
Shipping and/or Handling	0.00
Total Amount	288.55



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	52569161
Invoice Date	:	04/19/18
Amount	:	23.37
Terms	:	Invoice Date + 30 days
Due Date	:	05/19/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Specialty Care MD
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

Cust # : 03678806	Ship Date : 04/19/18	Sls Ord # : 62963903
Cust P O # : 771-260	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6430062	10	0	100/Bx	Angel Soft Facial Tissue	0.5400	5.40	T
	** special contract price **						
1135423	4	0	160/Pk	Super Sani-Cloth Large	4.1100	16.44	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 **						
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	21.84
Tax	1.53
Shipping and/or Handling	0.00
Total Amount	23.37

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

Remittance Section



010000367880652569161110000000000023370419185

Cust #	:	03678806
Invoice #	:	52569161
Invoice Date	:	04/19/18
Amount	:	23.37
Terms	:	Invoice Date + 30 days
Due Date	:	05/19/18

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 #	:	52600355
Invoice Date	:	04/20/18
Amount	:	8.76
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 04/20/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1537162	2	0	500ml/Bg	Sodium Chloride Solution 0.9%	4.3800	8.76	
** special contract price** NDC#: 00338004903							
This is a backordered shipment for order:62970374 original invoice:52552546							
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	8.76
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	8.76

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

Remittance Section



010000367880652600355110000000000008760420181

Cust #	:	03678806
Invoice #	:	52600355
Invoice Date	:	04/20/18
Amount	:	8.76
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

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 #	:	52552547
Invoice Date	:	04/20/18
Amount	:	5.00
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 04/20/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : Drop Ship	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9056240	1	0	9/Pk	Strips Mounting Command	4.6700	4.67	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	4.67
Tax	0.33
Shipping and/or Handling	0.00
Total Amount	5.00

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

Remittance Section



010000367880652552547110000000000005000420189

Cust #	:	03678806
Invoice #	:	52552547
Invoice Date	:	04/20/18
Amount	:	5.00
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

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 #	:	52699469
Invoice Date	:	04/24/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/24/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 04/24/18	Sls Ord # : 63118556
Cust P O # : HSI_76832336	Ship Via : UPS Lancaster/Harrisburg Zone5	Sls Ord Dt : 04/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1298003	1	0	Ea	Data Logger Refrig/ Freez 2 Btl Pro	128.1300	128.13	T
** special contract price ** THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER.							

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
Northeast Distribution Center, 41 WEAVER ROAD, DENVER, PA 17517

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	128.13
Tax	8.97
Shipping and/or Handling	0.00
Total Amount	137.10

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

Remittance Section



010000367880652699469110000000000137100424184

Cust #	:	03678806
Invoice #	:	52699469
Invoice Date	:	04/24/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/24/18

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 #	:	53028182
Invoice Date	:	05/03/18
Amount	:	220.28
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/02/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6122561	1	0	Case	Sharps Container Horizontal Red 5.4Qt	121.2000	121.20	T
	** special contract price **						
7770570	1	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	15.8400	15.84	T
	** special contract price **						
1025355	1	0	Case	Criterion CL Glove PF Latex Medium	42.5000	42.50	T
	** special contract price **						
8909467	1	0	500/Bg	Cotton Balls Medium	1.6900	1.69	T
	** special contract price **						
9870248	1	0	200/Bx	Luer-Lok Syringe Only 3cc	7.1300	7.13	T
	** special contract price **						
9004670	1	0	50/Bx	Curette Ear White Disp Large Loop Tip	17.5000	17.50	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. 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.

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



01000036788065302818211000000000220280503188

Cust #	:	03678806
Invoice #	:	53028182
Invoice Date	:	05/03/18
Amount	:	220.28
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

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 #	:	53028182
Invoice Date	:	05/03/18
Amount	:	220.28
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/02/18
		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	205.86
Tax	14.42
Shipping and/or Handling	0.00
Total Amount	220.28



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53049255
Invoice Date	:	05/03/18
Amount	:	229.90
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/02/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1049907	1	0	25/Bx	Ketorolac Inj IM/IV SDV 1mL 15mg/mL NDC#: 00409379301 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 **	33.9000	33.90	
7848231	1	0	10/bx	Ceftriaxone Sod F/Inj SDV 500mg/vl NDC#: 68180062210 Go to your online account to retrieve this MSDS/SDS, 105LX41 - If you can't access online options, call 1-800-472-4346. ** special contract price **	9.0200	9.02	
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml NDC#: 00009307303 Go to your online account to retrieve this MSDS/SDS, 105LX41 - If you can't access online options, call 1-800-472-4346. ** special contract price **	186.9800	186.98	
M2 - See message below for DSCSA compliance details							
M2 - See message below for DSCSA compliance details							
M2 - See message below for DSCSA compliance details							
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



010000367880653049255110000000000229900503187

Cust #	:	03678806
Invoice #	:	53049255
Invoice Date	:	05/03/18
Amount	:	229.90
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

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 #	:	53049255
Invoice Date	:	05/03/18
Amount	:	229.90
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/02/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
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	229.90
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	229.90



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53436023
Invoice Date	:	05/15/18
Amount	:	450.18
Terms	:	Invoice Date + 30 days
Due Date	:	06/14/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 05/15/18	Sls Ord # : 63865998
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9004670	1	0	50/Bx	Curette Ear White Disp Large Loop Tip	17.5000	17.50	T
	** special contract price **						
9870248	1	0	200/Bx	Luer-Lok Syringe Only 3cc	7.1300	7.13	T
	** special contract price **						
8909467	1	0	500/Bg	Cotton Balls Medium	1.6900	1.69	T
	** special contract price **						
1025355	1	0	Case	Criterion CL Glove PF Latex Medium	42.5000	42.50	T
	** special contract price **						
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	186.9800	186.98	
	** special contract price ** NDC#: 00009307303						
	M2 - See message below for DSCSA compliance details						
7770570	1	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	15.8400	15.84	T
	** special contract price **						
6122561	1	0	Case	Sharps Container Horizontal Red 5.4Qt	121.2000	121.20	T
	** special contract price **						
7848231	1	0	10/bx	Ceftriaxone Sod F/Inj SDV 500mg/vl	9.0200	9.02	

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



010000367880653436023110000000000450180515184

Cust #	:	03678806
Invoice #	:	53436023
Invoice Date	:	05/15/18
Amount	:	450.18
Terms	:	Invoice Date + 30 days
Due Date	:	06/14/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-2 Part 2 Filed 01/21/19 Desc Attachment 1 Page 18 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53436023
Invoice Date	:	05/15/18
Amount	:	450.18
Terms	:	Invoice Date + 30 days
Due Date	:	06/14/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 05/15/18	Sls Ord # : 63865998
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1049907	1	0	25/Bx	** special contract price ** NDC#: 68180062210 M2 - See message below for DSCSA compliance details Ketorolac Inj IM/IV SDV 1mL 15mg/mL ** special contract price ** NDC#: 00409379301 MN - See message below for DSCSA compliance details THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER.	33.9000	33.90	

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.
 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.
 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	435.76
Tax	14.42
Shipping and/or Handling	0.00
Total Amount	450.18



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53621276
Invoice Date	:	05/22/18
Amount	:	56.72
Terms	:	Invoice Date + 30 days
Due Date	:	06/21/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 05/22/18	Sls Ord # : 64063733
Cust P O # : 784-288HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/21/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6782442	4	0	200/Bx	Thermoscan Probe Cover Pro4000 Braun	7.8500	31.40	T
	** special contract price **						
1126086	1	0	Ea	Cuff And Bladder 2 Tb LF Black Lg Adult	8.4900	8.49	T
	** special contract price **						
1173606	2	0	100/Bx	Probe Cover f/MDS9700 Plstc LF NS	6.5600	13.12	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	53.01
Tax	3.71
Shipping and/or Handling	0.00
Total Amount	56.72

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

Remittance Section



01000036788065362127611000000000056720522183

Cust #	:	03678806
Invoice #	:	53621276
Invoice Date	:	05/22/18
Amount	:	56.72
Terms	:	Invoice Date + 30 days
Due Date	:	06/21/18

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 #	:	53685844
Invoice Date	:	05/23/18
Amount	:	287.26
Terms	:	Invoice Date + 30 days
Due Date	:	06/22/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 05/23/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2610164	1	0	Box	Battery Procell AA	6.3600	6.36	T
	** special contract price **						
7193799	1	0	12/Pk	Battery Alkaline D	6.7400	6.74	T
	** special contract price **						
9087376	1	0	10ml/VI	Lincocin Injection 300mg	187.3000	187.30	
	** special contract price ** NDC#: 00009055502						
	M2 - See message below for DSCSA compliance details						
1024486	2	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml	7.6600	15.32	
	** special contract price ** NDC#: 63323016530						
	M2 - See message below for DSCSA compliance details						
7198272	1	0	20gm/Tb	Silvadene Cream 1%	8.2900	8.29	
	** special contract price ** NDC#: 61570013120						
	M2 - See message below for DSCSA compliance details						
1271598	1	0	22gm/Tb	Mupirocin Ointment 2%	2.6300	2.63	
	. NDC#: 51672131200						
	Go to your online account to retrieve this MSDS/SDS, 105MU68 - If you can't acc						

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



010000367880653685844110000000000287260523186

Cust #	:	03678806
Invoice #	:	53685844
Invoice Date	:	05/23/18
Amount	:	287.26
Terms	:	Invoice Date + 30 days
Due Date	:	06/22/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-2 Part 2 Filed 01/21/19 Desc Attachment 1 Page 21 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53685844
Invoice Date	:	05/23/18
Amount	:	287.26
Terms	:	Invoice Date + 30 days
Due Date	:	06/22/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 05/23/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1002649	10	0	100/Bx	ess online options, call 1-800-472-4346. ** special contract price** WH - See message below for DSCSA details. This item is non-returnable Kleenex Facial Tissue 2Ply	0.7900	7.90	T
1118535	1	0	Case	** special contract price** Criterion Glove PF Nitrile LF Small	47.9000	47.90	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. 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	282.44
Tax	4.82
Shipping and/or Handling	0.00
Total Amount	287.26



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53719169
Invoice Date	:	05/24/18
Amount	:	171.15
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me MD
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64165663
Cust P O # : 774-401	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1284493	5	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml ** special contract price** NDC#: 00085432001 M2 - See message below for DSCSA compliance details	34.2300	171.15	
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	171.15
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	171.15

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

Remittance Section



010000367880653719169110000000000171150524187

Cust #	:	03678806
Invoice #	:	53719169
Invoice Date	:	05/24/18
Amount	:	171.15
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

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 #	:	53758289
Invoice Date	:	05/24/18
Amount	:	435.51
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64203561
Cust P O # : 781-350	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/24/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9081188	2	0	10ml/Vl	Depo-Medrol Inj MDV 40mg/ml	78.8500	157.70	
	** special contract price** NDC#: 00009028003 M2 - See message below for DSCSA compliance details						
9083787	2	0	5ml/Vl	Depo-Medrol Inj MDV 80mg/mL	75.1600	150.32	
	** special contract price** NDC#: 00009030602 M2 - See message below for DSCSA compliance details						
1203656	2	0	100/Bx	EKG Electrode Silver Mac Plus 100/Pouch	6.2500	12.50	T
	** special contract price**						
1118536	1	0	Case	Criterion Glove PF Nitrile LF Medium	47.9000	47.90	T
	** special contract price**						
2544454	1	0	40/Bx	Hemocult Sensa Dispensapak Dispensap	58.7500	58.75	T
	** special contract price**						

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



010000367880653758289110000000000435510524184

Cust #	:	03678806
Invoice #	:	53758289
Invoice Date	:	05/24/18
Amount	:	435.51
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-2 Part 2 Filed 01/21/19 Desc Attachment 1 Page 24 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53758289
Invoice Date	:	05/24/18
Amount	:	435.51
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64203561
Cust P O # : 781-350	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/24/18
		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	427.17
Tax	8.34
Shipping and/or Handling	0.00
Total Amount	435.51



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53685845
Invoice Date	:	05/24/18
Amount	:	15.95
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : Drop Ship	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1163413	1	0	Ea	Disinfectant Floor No-Rinse 128oz Blu	14.9100	14.91	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							

Please refer to back of paperwork for Disclosures/Terms of Sale
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 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	14.91
Tax	1.04
Shipping and/or Handling	0.00
Total Amount	15.95

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

Remittance Section



010000367880653685845110000000000015950524183

Cust #	:	03678806
Invoice #	:	53685845
Invoice Date	:	05/24/18
Amount	:	15.95
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

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 #	:	53798555
Invoice Date	:	05/25/18
Amount	:	143.34
Terms	:	Invoice Date + 30 days
Due Date	:	06/24/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 05/25/18	Sls Ord # : 64244102
Cust P O # : 781-351	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/25/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1203656	1	0	Case	EKG Electrode Silver Mac Plus 100/Pouch	62.5000	62.50	T
	** special contract price **						
1087086	1	0	25/Kt	Strep A Test Binax NOW Kit 25Test Ki	40.0000	40.00	T
	Go to your online account to retrieve this MSDS/SDS, 105X766 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
1479303	2	0	50/Bx	Contour Bld GI Strp Test Strips	15.7300	31.46	T
	** special contract price ** NDC#: 00193709950						

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	133.96
Tax	9.38
Shipping and/or Handling	0.00
Total Amount	143.34

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

Remittance Section



010000367880653798555110000000000143340525180

Cust #	:	03678806
Invoice #	:	53798555
Invoice Date	:	05/25/18
Amount	:	143.34
Terms	:	Invoice Date + 30 days
Due Date	:	06/24/18

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 #	:	53901366
Invoice Date	:	05/31/18
Amount	:	33.47
Terms	:	Invoice Date + 30 days
Due Date	:	06/30/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 05/31/18	Sls Ord # : 61845660
Cust P O # : 774-398	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 03/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1214083	1	0	25/Bx	Bupivacaine Hcl SDV 30mL 0.5% NDC#: 55150017030 Go to your online account to retrieve this MSDS/SDS, 105S944 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	33.4700	33.47	

This is a backordered shipment for order:61845660 original invoice:51437020
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	33.47
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	33.47

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

Remittance Section



010000367880653901366110000000000033470531182

Cust #	:	03678806
Invoice #	:	53901366
Invoice Date	:	05/31/18
Amount	:	33.47
Terms	:	Invoice Date + 30 days
Due Date	:	06/30/18

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 #	:	53758291
Invoice Date	:	06/01/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	07/01/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 06/01/18	Sls Ord # : 64203561
Cust P O # : 781-350	Ship Via : Drop Ship	Sls Ord Dt : 05/24/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	T
				DIRECTLY SHIPPED FROM THE MANUFACTURER			
				** 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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



010000367880653758291110000000000181270601186

Cust #	:	03678806
Invoice #	:	53758291
Invoice Date	:	06/01/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	07/01/18

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 #	:	54060794
Invoice Date	:	06/05/18
Amount	:	3.21
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 06/05/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
4710030	2	0	Ea	Lubricating Jelly Pap Test 4oz	1.5000	3.00	T
Go to your online account to retrieve this MSDS/SDS, 105LT69 - If you can't access online options, call 1-800-472-4346. ** special contract price **							

This is a backordered shipment for order:64125702 original invoice:53685844
 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	3.00
Tax	0.21
Shipping and/or Handling	0.00
Total Amount	3.21

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

Remittance Section



010000367880654060794110000000000003210605188

Cust #	:	03678806
Invoice #	:	54060794
Invoice Date	:	06/05/18
Amount	:	3.21
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

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 #	:	54080968
Invoice Date	:	06/05/18
Amount	:	58.31
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Gastroenterology
785 Ohio Ave Ste 3E
Richard Brownstein
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 06/05/18	Sls Ord # : 64526833
Cust P O # : 782-187	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/05/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1009865	2	0	12/Ca	Table Paper Crepe STD 18"x125'	14.4500	28.90	T
	** special contract price **						
9210011	2	0	100/Ca	Pillow Covers White 21"x30"	12.8000	25.60	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	54.50
Tax	3.81
Shipping and/or Handling	0.00
Total Amount	58.31

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

Remittance Section



010000367880654080968110000000000058310605189

Cust #	:	03678806
Invoice #	:	54080968
Invoice Date	:	06/05/18
Amount	:	58.31
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

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 #	:	54124083
Invoice Date	:	06/06/18
Amount	:	242.70
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 06/06/18	Sls Ord # : 64586458
Cust P O # : 784-289HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1012063	1	0	4000/Ca	Scott Multi-Fold Towels #1804	21.5300	21.53	T
	** special contract price **						
5464958	1	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml NDC#: 49281040015	219.6600	219.66	
	Go to your online account to retrieve this MSDS/SDS, 105LY72 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
	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. 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	241.19
Tax	1.51
Shipping and/or Handling	0.00
Total Amount	242.70

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

Remittance Section



01000036788065412408311000000000242700606181

Cust #	:	03678806
Invoice #	:	54124083
Invoice Date	:	06/06/18
Amount	:	242.70
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-2 Part 2 Filed 01/21/19 Desc Attachment 1 Page 32 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54124140
Invoice Date	:	06/06/18
Amount	:	412.63
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 06/06/18	Sls Ord # : 64586503
Cust P O # : 774-402	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9879922	2	0	25/Bx	Spinal Needles 18gx3-1/2	27.2700	54.54	T
	** special contract price **						
1016311	2	0	100/Ca	Pillowcase Tissue-Poly White 21"x30"	14.9400	29.88	T
	** special contract price **						
1118536	5	0	100/Bx	Criterion Glove PF Nitrile LF Medium	4.7900	23.95	T
	** special contract price **						
1118537	5	0	100/Bx	Criterion Glove PF Nitrile LF Large	4.7900	23.95	T
	** special contract price **						
1284493	5	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml	34.2300	171.15	
	** special contract price ** NDC#: 00085432001						
	M2 - See message below for DSCSA compliance details						
1118535	5	0	100/Bx	Criterion Glove PF Nitrile LF Small	4.7900	23.95	T
	** special contract price **						
2670005	1	0	Case	Super Sani-Cloth XL 7.5" x 15	29.4600	29.46	T
	** special contract price **						
9880192	1	0	50/Bx	Protexis Ltx Hydrogel Glove PF Sz 8.5 Ye	39.9400	39.94	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



010000367880654124140110000000000412630606186

Cust #	:	03678806
Invoice #	:	54124140
Invoice Date	:	06/06/18
Amount	:	412.63
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

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 #	:	54124140
Invoice Date	:	06/06/18
Amount	:	412.63
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 06/06/18	Sls Ord # : 64586503
Cust P O # : 774-402	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				** special contract price** THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST 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 . 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	396.82
Tax	15.81
Shipping and/or Handling	0.00
Total Amount	412.63



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54278430
Invoice Date	:	06/11/18
Amount	:	3,405.91
Terms	:	Invoice Date + 30 days
Due Date	:	07/11/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 06/11/18	Sls Ord # : 64737212
Cust P O # : 780-380	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/11/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5464958	1	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml NDC#: 49281040015 Go to your online account to retrieve this MSDS/SDS, 105LY72 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	219.6600	219.66	
5465976	1	0	5/Pk	Menactra Meningitis All Sdv .5ml NDC#: 49281058905 Go to your online account to retrieve this MSDS/SDS, 105LY71 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	628.5700	628.57	
5580044	1	0	10/Pk	Gardasil 9 Hpv PFS 0.5ml NDC#: 00006412102 ** special contract price ** M2 - See message below for DSCSA compliance details	2,212.6100	2,212.61	
2540023	1	0	10/Pk	Havrix Hep A Ped PFS TL LF 0.5ml	345.0700	345.07	

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



010000367880654278430110000000003405910611181

Cust #	:	03678806
Invoice #	:	54278430
Invoice Date	:	06/11/18
Amount	:	3,405.91
Terms	:	Invoice Date + 30 days
Due Date	:	07/11/18

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 #	:	54278430
Invoice Date	:	06/11/18
Amount	:	3,405.91
Terms	:	Invoice Date + 30 days
Due Date	:	07/11/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 06/11/18	Sls Ord # : 64737212
Cust P O # : 780-380	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/11/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				** special contract price** NDC#: 58160082552 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 . 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	3,405.91
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	3,405.91



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54480348
Invoice Date	:	06/18/18
Amount	:	270.60
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

STATE REG#: 18718

Cust # : 03678806	Ship Date : 06/18/18	Sls Ord # : 64937661
Cust P O # : 777-166	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
8310072	15	0	Ea	Suture Removal Tray W/Forcep Iris&Ad	0.9100	13.65	T
	** special contract price **						
8310361	15	0	Ea	Remover Staple Skin Disposable Sterile	0.7000	10.50	
	** special contract price **						
8904524	10	0	Ea	Kerlix Gauze Roll Ster 6Ply 4.5"x4.1y	1.4300	14.30	T
	** special contract price **						
1205256	6	0	14oz/Cn	Citrace Germicidal Deodorizer	3.6800	22.08	T
	Go to your online account to retrieve this MSDS/SDS, 1051872 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
6474174	5	0	10/Tray	Curity Gauze 12ply Ster 4"x4"	0.7200	3.60	T
	** special contract price **						
1001444	4	0	200/Pk	All-Gauze Sponge Non Sterile 4"x4" 12p	3.0900	12.36	T
	** special contract price **						
6780363	3	0	Ea	Packing Strips, Plain 1/4"	1.5600	4.68	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



010000367880654480348110000000000270600618185

Cust #	:	03678806
Invoice #	:	54480348
Invoice Date	:	06/18/18
Amount	:	270.60
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

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 #	:	54480348
Invoice Date	:	06/18/18
Amount	:	270.60
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

STATE REG#: 18718

Cust # : 03678806	Ship Date : 06/18/18	Sls Ord # : 64937661
Cust P O # : 777-166	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1126187	** special contract price** 2	0	10/Bx	Scalpels Disposable Sterile #15	5.2500	10.50	T
1126189	** special contract price** 1	0	10/Bx	Scalpels Disposable Sterile #11	5.2500	5.25	T
2882063	** special contract price** 1	0	50/Bx	Protexis Latex Micro Glove PF Sz 8 Brow	38.1900	38.19	T
1127083	** special contract price** 1	0	50Pr/Bx	Criterion CR Surgeons Glove Size 7.5	34.7600	34.76	T
1500092	** special contract price** 1	0	25/Pk	Xylocaine w/Epi MDV 20mL 1% NDC#: 63323048227	29.4200	29.42	
Go to your online account to retrieve this MSDS/SDS, 105H293 - If you can't access online options, call 1-800-472-4346.							
1013728	** special contract price** 2	0	12/Bx	M2 - See message below for DSCSA compliance details Suture Nylon Mono Blk C7 3-0 18"	18.9300	37.86	
5701043	** special contract price** 1	0	12/Bx	Maxima Suture Nylon Blk NFS-2 4-0 18"	22.2800	22.28	

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	259.43
Tax	11.17
Shipping and/or Handling	0.00
Total Amount	270.60



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54491756
Invoice Date	:	06/18/18
Amount	:	454.16
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 06/18/18	Sls Ord # : 64957076
Cust P O # : 784-290HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5464958	2	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml	219.6600	439.32	
	** special contract price ** NDC#: 49281040015 M2 - See message below for DSCSA compliance details						
7846100	1	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	14.84	
	** special contract price ** NDC#: 68180063310 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. 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	454.16
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	454.16

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

Remittance Section



010000367880654491756110000000000454160618189

Cust #	:	03678806
Invoice #	:	54491756
Invoice Date	:	06/18/18
Amount	:	454.16
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

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 #	:	54527155
Invoice Date	:	06/19/18
Amount	:	49.96
Terms	:	Invoice Date + 30 days
Due Date	:	07/19/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Specialty Care
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

Cust # : 03678806	Ship Date : 06/19/18	Sls Ord # : 64994331
Cust P O # : 771-263	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/19/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1002649	10	0	100/Bx	Kleenex Facial Tissue 2Ply	0.7900	7.90	T
	** special contract price **						
9006368	1	0	Ea	Fingertip Pulse Oximeter	38.7900	38.79	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	46.69
Tax	3.27
Shipping and/or Handling	0.00
Total Amount	49.96

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

Remittance Section



010000367880654527155110000000000049960619185

Cust #	:	03678806
Invoice #	:	54527155
Invoice Date	:	06/19/18
Amount	:	49.96
Terms	:	Invoice Date + 30 days
Due Date	:	07/19/18

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 #	:	5455366
Invoice Date	:	06/20/18
Amount	:	183.69
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65025498
Cust P O # : 781-352	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/19/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1478045	1	0	10/Pk	DCA 2000 Reagent Hba1c Kit	78.6500	78.65	T
Go to your online account to retrieve this MSDS/SDS, 1056449 - If you can't access online options, call 1-800-472-4346.							
3150042	2	0	100/Bx	Surguard3 Safety Needle 23gx1	14.1600	28.32	T
1049909	1	0	25/Bx	Ketorolac Inj IM SDV 2mL 60mg/2mL	39.5500	39.55	
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	29.68	

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



010000367880654555366110000000000183690620183

Cust #	:	03678806
Invoice #	:	5455366
Invoice Date	:	06/20/18
Amount	:	183.69
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

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 #	:	54555366
Invoice Date	:	06/20/18
Amount	:	183.69
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65025498
Cust P O # : 781-352	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/19/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
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	176.20
Tax	7.49
Shipping and/or Handling	0.00
Total Amount	183.69



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54595226
Invoice Date	:	06/20/18
Amount	:	525.50
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

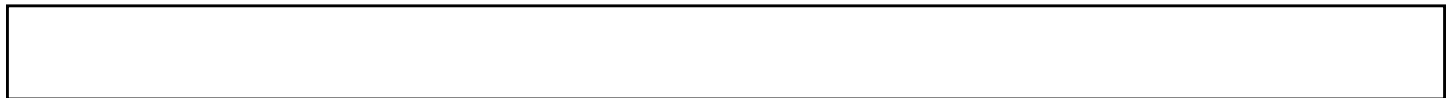
Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6540034	1	0	12/Bx	Dermabond Mini Skin Adhesive Topical	192.3600	192.36	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 **			
5660460	2	0	250/SI	Probe Covers Disp SureTemp	3.6700	7.34	T
				** special contract price **			
3950018	1	0	6/Ca	Roll Towel 400 Ft	21.6000	21.60	T
				** special contract price **			
9004073	1	0	25/Bx	One Step hCG Urine Cass Test Kit	17.7000	17.70	T
				** special contract price **			
2883207	15	0	Ea	IV Start Kits PDI Prevantics	0.8800	13.20	T
Go to your online account to retrieve this MSDS/SDS, 105J815 - 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



010000367880654595226110000000000525500620181

Cust #	:	03678806
Invoice #	:	54595226
Invoice Date	:	06/20/18
Amount	:	525.50
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-2 Part 2 Filed 01/21/19 Desc Attachment 1 Page 43 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54595226
Invoice Date	:	06/20/18
Amount	:	525.50
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	1	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI ** special contract price** NDC#: 68180063310	14.8400	14.84	
				M2 - See message below for DSCSA compliance details			
9087376	1	0	10ml/VI	Lincocin Injection 300mg ** special contract price** NDC#: 00009055502	187.3000	187.30	
				M2 - See message below for DSCSA compliance details			
1537162	5	0	500ml/Bg	Sodium Chloride Solution 0.9% ** special contract price** NDC#: 00338004903	4.3800	21.90	
2770280	1	0	25/Cr	Albuterol Inh Solution 3mL 0.083% NDC#: 00487950125	2.6700	2.67	
				Go to your online account to retrieve this MSDS/SDS, 1051188 - If you can't access online options, call 1-800-472-4346.			
				** special contract price**			
7779790	1	0	50/Bx	Strip Steri-Strip Closure Tan .25x1.5 S WH - See message below for DSCSA details. This item is non-returnable ** special contract price**	27.0500	27.05	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. 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	505.96
Tax	19.54
Shipping and/or Handling	0.00
Total Amount	525.50



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54620074
Invoice Date	:	06/21/18
Amount	:	555.46
Terms	:	Invoice Date + 30 days
Due Date	:	07/21/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 06/21/18	Sls Ord # : 65091855
Cust P O # : 784-291HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/21/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9007507	1	0	Ea	Urispec + UA Reader w 12 Promo	450.0000	450.00	T
	** special contract price **						
1126841	1	0	6/Bx	Urispec Urine Dipper Control 15mL	69.1200	69.12	T
Go to your online account to retrieve this MSDS/SDS, 105AE40 - 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							

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	519.12
Tax	36.34
Shipping and/or Handling	0.00
Total Amount	555.46

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

Remittance Section



010000367880654620074110000000000555460621183

Cust #	:	03678806
Invoice #	:	54620074
Invoice Date	:	06/21/18
Amount	:	555.46
Terms	:	Invoice Date + 30 days
Due Date	:	07/21/18

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 #	:	54644720
Invoice Date	:	06/22/18
Amount	:	82.98
Terms	:	Invoice Date + 30 days
Due Date	:	07/22/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 06/22/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1538923	15	0	Ea	Catheter Ext Set Clearlink	5.1700	77.55	T
<p>** special contract price **</p> <p>This is a backordered shipment for order:65067873 original invoice:54595226 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</p>							

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	77.55
Tax	5.43
Shipping and/or Handling	0.00
Total Amount	82.98

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

Remittance Section



010000367880654644720110000000000082980622185

Cust #	:	03678806
Invoice #	:	54644720
Invoice Date	:	06/22/18
Amount	:	82.98
Terms	:	Invoice Date + 30 days
Due Date	:	07/22/18

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 #	:	54750201
Invoice Date	:	06/26/18
Amount	:	111.34
Terms	:	Invoice Date + 30 days
Due Date	:	07/26/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 06/26/18	Sls Ord # : 65220918
Cust P O # : HSI_77300786	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/26/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
8914205	2	0	100/Bt	Chemstrip 10md Urine Test Strips	52.0300	104.06	T
Go to your online account to retrieve this MSDS/SDS, 105O606 - 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

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	104.06
Tax	7.28
Shipping and/or Handling	0.00
Total Amount	111.34

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

Remittance Section



010000367880654750201110000000000111340626181

Cust #	:	03678806
Invoice #	:	54750201
Invoice Date	:	06/26/18
Amount	:	111.34
Terms	:	Invoice Date + 30 days
Due Date	:	07/26/18

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 #	:	54595228
Invoice Date	:	07/05/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/04/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/05/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : Drop Ship	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	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.							
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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



01000036788065459522811000000000181270705188

Cust #	:	03678806
Invoice #	:	54595228
Invoice Date	:	07/05/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/04/18

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 #	:	55069317
Invoice Date	:	07/06/18
Amount	:	210.74
Terms	:	Invoice Date + 30 days
Due Date	:	08/05/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
John Specia
Clarksdale MS 386146213

STATE REG#: 23479

Cust # : 03678806	Ship Date : 07/06/18	Sls Ord # : 65526124
Cust P O # : 774-404	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/05/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1284493	5	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml ** special contract price** NDC#: 00085432001	34.2300	171.15	
1500109	1	0	25/Pk	Xylocaine w/Epi 2% MDV 20Mg/mL NDC#: 63323048327 Go to your online account to retrieve this MSDS/SDS, 105H293 - If you can't access online options, call 1-800-472-4346. ** special contract price** M2 - See message below for DSCSA compliance details	39.5900	39.59	

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	210.74
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	210.74

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

Remittance Section



010000367880655069317110000000000210740706182

Cust #	:	03678806
Invoice #	:	55069317
Invoice Date	:	07/06/18
Amount	:	210.74
Terms	:	Invoice Date + 30 days
Due Date	:	08/05/18

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 #	:	55092417
Invoice Date	:	07/09/18
Amount	:	168.59
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/09/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : United Parcel Zone 4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1048415	1	0	Case	Tip Disp Macroview Oscope 23810/238	157.5600	157.56	T
** special contract price **							
<p>This is a backordered shipment for order:65067873 original invoice:54595226 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</p>							

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	157.56
Tax	11.03
Shipping and/or Handling	0.00
Total Amount	168.59

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

Remittance Section



010000367880655092417110000000000168590709188

Cust #	:	03678806
Invoice #	:	55092417
Invoice Date	:	07/09/18
Amount	:	168.59
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

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 #	:	55133365
Invoice Date	:	07/09/18
Amount	:	20.77
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Gastroenterology
785 Ohio Ave Ste 3E
Richard Brownstein
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 07/09/18	Sls Ord # : 65600664
Cust P O # : 782-189	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/09/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1126075	1	0	Ea	Pocket Sphyg Pro LF Black Lg Adlt S	19.4100	19.41	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	19.41
Tax	1.36
Shipping and/or Handling	0.00
Total Amount	20.77

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

Remittance Section



010000367880655133365110000000000020770709187

Cust #	:	03678806
Invoice #	:	55133365
Invoice Date	:	07/09/18
Amount	:	20.77
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

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 #	:	55265824
Invoice Date	:	07/12/18
Amount	:	198.66
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65744755
Cust P O # : 780-383	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1475579	1	0	Ea	CTRL Sol Contour Low 2.5mL Go to your online account to retrieve this MSDS/SDS, 105I222 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.5400	4.54	T
1478283	1	0	Ea	Contour High Control 2.5mL Go to your online account to retrieve this MSDS/SDS, 105J110 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.5400	4.54	T
1099989	1	0	Ea	Coaguchek XS Plus PT Controls Hi&Lo Go to your online account to retrieve this MSDS/SDS, 105W808 - If you can't access online options, call 1-800-472-4346. ** special contract price **	72.6000	72.60	T
1126841	1	0	6/Bx	Urispec Urine Dipper Control 15mL	69.1200	69.12	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



010000367880655265824110000000000198660712183

Cust #	:	03678806
Invoice #	:	55265824
Invoice Date	:	07/12/18
Amount	:	198.66
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

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 #	:	55265824
Invoice Date	:	07/12/18
Amount	:	198.66
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65744755
Cust P O # : 780-383	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/12/18
		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	34.8600	34.86	T
Go to your online account to retrieve this MSDS/SDS, 105AE40 - If you can't access online options, call 1-800-472-4346. ** special contract price ** ** 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	185.66
Tax	13.00
Shipping and/or Handling	0.00
Total Amount	198.66



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55262171
Invoice Date	:	07/12/18
Amount	:	798.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65721077
Cust P O # : 768-44HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3820014	1	0	25/Pk	Solu-Medrol 1mL Act-O-Vial PF 40mg ** special contract price** NDC#: 00009003928 M2 - See message below for DSCSA compliance details	130.2700	130.27	
1146587	1	0	100/Bt	Nifedipine Capsules 10mg ** special contract price** NDC#: 43386044024 MN - See message below for DSCSA compliance details	31.0700	31.07	
5467789	1	0	10/Pk	Adacel Tdap Ado/Adt SDV .5ml THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER. ** special contract price** NDC#: 49281040010	439.3000	439.30	
1099989	1	0	Ea	Coaguchek XS Plus PT Controls Hi&Lo M2 - See message below for DSCSA compliance details	72.6000	72.60	T
1478283	1	0	Ea	Contour High Control 2.5mL Go to your online account to retrieve this MSDS/SDS, 105W808 - If you can't access online options, call 1-800-472-4346. ** special contract price**	4.5400	4.54	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



010000367880655262171110000000000798700712188

Cust #	:	03678806
Invoice #	:	55262171
Invoice Date	:	07/12/18
Amount	:	798.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

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 #	:	55262171
Invoice Date	:	07/12/18
Amount	:	798.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65721077
Cust P O # : 768-44HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1475579	1	0	Ea	CTRL Sol Contour Low 2.5mL Go to your online account to retrieve this MSDS/SDS, 105J110 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.5400	4.54	T
1246157	1	0	100/Bt	Clonidine HCL Tablets 0.1mg Go to your online account to retrieve this MSDS/SDS, 105I222 - If you can't access online options, call 1-800-472-4346. ** special contract price **	1.3100	1.31	
9083787	1	0	5ml/VI	Depo-Medrol Inj MDV 80mg/mL ** special contract price ** NDC#: 29300013501 WH - See message below for DSCSA details. This item is non-returnable	75.1600	75.16	
6350274	1	0	Ea	Blood Pressure Monitor Advanced M2 - See message below for DSCSA compliance details ** special contract price **	31.9500	31.95	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. 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.
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.
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
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	790.74
Tax	7.96
Shipping and/or Handling	0.00
Total Amount	798.70



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55313110
Invoice Date	:	07/16/18
Amount	:	53.39
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 07/16/18	Sls Ord # : 65796877
Cust P O # : 777-168	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/13/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9596851	1	0	48/Bx	ChloraPrep Swabstick Single 1.75mL	27.6600	27.66	T
	** special contract price** NDC#: 54365040007						
7779909	2	0	4/Bx	Micropore Paper Tape 3"x10yd	3.5100	7.02	T
	Go to your online account to retrieve this MSDS/SDS, 1058094 - If you can't access online options, call 1-800-472-4346.						
	** special contract price**						
7777936	2	0	6/Bx	Micropore Paper Tape Disp 2"x10yd	4.1000	8.20	T
	** special contract price**						
7779382	2	0	6/Bx	Micropore Surgical Tape White 2"x10yd	3.5100	7.02	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. 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	49.90
Tax	3.49
Shipping and/or Handling	0.00
Total Amount	53.39

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

Remittance Section



01000036788065531311011000000000053390716189

Cust #	:	03678806
Invoice #	:	55313110
Invoice Date	:	07/16/18
Amount	:	53.39
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-2 Part 2 Filed 01/21/19 Desc Attachment 1 Page 56 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55262173
Invoice Date	:	07/16/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

Cust # : 03678806	Ship Date : 07/16/18	Sls Ord # : 65721077
Cust P O # : 768-44HS	Ship Via : Drop Ship	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	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.
 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.
 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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



010000367880655262173110000000000181270716186

Cust #	:	03678806
Invoice #	:	55262173
Invoice Date	:	07/16/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

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 #	:	55457145
Invoice Date	:	07/19/18
Amount	:	424.15
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Specialty Care
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

STATE REG#: 21908

Cust # : 03678806	Ship Date : 07/19/18	Sls Ord # : 65938388
Cust P O # : 771-265	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1243827	1	0	30/Bx	Albut Inh Soln Indiv Wrap 3mL 0.83mg/3m NDC#: 76204020001 Go to your online account to retrieve this MSDS/SDS, 105AU62 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.6700	4.67	
1198236	1	0	60/Bx	Ipratropium Brom Inh Sol 2.5mL 0.02% NDC#: 00591379860 Go to your online account to retrieve this MSDS/SDS, 105O852 - If you can't access online options, call 1-800-472-4346. ** special contract price **	6.1200	6.12	
1066626	1	0	Ea	Scale Professional Digital M2 - See message below for DSCSA compliance details ** special contract price **	341.2400	341.24	T
2770377	1	0	30/Bx	Budesonide Inh Susp 2mL 0.5Mg NDC#: 00093681673 ** special contract price **	48.2300	48.23	

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



010000367880655457145110000000000424150719180

Cust #	:	03678806
Invoice #	:	55457145
Invoice Date	:	07/19/18
Amount	:	424.15
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

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 #	:	55457145
Invoice Date	:	07/19/18
Amount	:	424.15
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Specialty Care
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

STATE REG#: 21908

Cust # : 03678806	Ship Date : 07/19/18	Sls Ord # : 65938388
Cust P O # : 771-265	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				WH - See message below for DSCSA details. This item is non-returnable THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST 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 . 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. 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. 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 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	400.26
Tax	23.89
Shipping and/or Handling	0.00
Total Amount	424.15



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55265826
Invoice Date	:	07/19/18
Amount	:	62.00
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/19/18	Sls Ord # : 65744755
Cust P O # : 780-383	Ship Via : Drop Ship	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1275526	1	0	Ea	Control Set Hemoglobin 3x2ml	44.9400	44.94	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	44.94
Tax	4.06
Shipping and/or Handling	13.00
Total Amount	62.00

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

Remittance Section



010000367880655265826110000000000062000719183

Cust #	:	03678806
Invoice #	:	55265826
Invoice Date	:	07/19/18
Amount	:	62.00
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

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 #	:	55529846
Invoice Date	:	07/20/18
Amount	:	157.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/19/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/20/18	Sls Ord # : 66024324
Cust P O # : 768-46HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9081188	2	0	10ml/VI	Depo-Medrol Inj MDV 40mg/ml	78.8500	157.70	
** special contract price** NDC#: 00009028003							
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. 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	157.70
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	157.70

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

Remittance Section



010000367880655529846110000000000157700720187

Cust #	:	03678806
Invoice #	:	55529846
Invoice Date	:	07/20/18
Amount	:	157.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/19/18

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 #	:	55718325
Invoice Date	:	07/27/18
Amount	:	34.22
Terms	:	Invoice Date + 30 days
Due Date	:	08/26/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/27/18	Sls Ord # : 66190712
Cust P O # : 784-293HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/26/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9875529	1	0	100/Bx	Eclipse Safety Needle 25gX1.5"	16.4900	16.49	T
	** special contract price **						
7198272	2	0	20gm/Tb	Silvadene Cream 1%	8.2900	16.58	
	** special contract price ** NDC#: 61570013120						
	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. 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	33.07
Tax	1.15
Shipping and/or Handling	0.00
Total Amount	34.22

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

Remittance Section



010000367880655718325110000000000034220727183

Cust #	:	03678806
Invoice #	:	55718325
Invoice Date	:	07/27/18
Amount	:	34.22
Terms	:	Invoice Date + 30 days
Due Date	:	08/26/18

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 #	:	55798236
Invoice Date	:	07/30/18
Amount	:	15.32
Terms	:	Invoice Date + 30 days
Due Date	:	08/29/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

STATE REG#: 18718

Cust # : 03678806	Ship Date : 07/30/18	Sls Ord # : 65796877
Cust P O # : 777-168	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/13/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1024486	2	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml NDC#: 63323016530 Go to your online account to retrieve this MSDS/SDS, 105M059 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	7.6600	15.32	

This is a backordered shipment for order:65796877 original invoice:55337721
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	15.32
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	15.32

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

Remittance Section



01000036788065579823611000000000015320730185

Cust #	:	03678806
Invoice #	:	55798236
Invoice Date	:	07/30/18
Amount	:	15.32
Terms	:	Invoice Date + 30 days
Due Date	:	08/29/18

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 #	:	56139249
Invoice Date	:	08/09/18
Amount	:	2,853.23
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 08/09/18	Sls Ord # : 66645105
Cust P O # : HSI_77609889	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 08/08/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5464958	1	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml ** special contract price** NDC#: 49281040015 M2 - See message below for DSCSA compliance details	162.6800	162.68	
5465976	1	0	5/Pk	Menactra Meningitis All Sdv .5ml ** special contract price** NDC#: 49281058905 M2 - See message below for DSCSA compliance details	477.9400	477.94	
5580044	1	0	10/Pk	Gardasil 9 Hpv PFS 0.5ml ** special contract price** NDC#: 00006412102 M2 - See message below for DSCSA compliance details	2,212.6100	2,212.61	

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	2,853.23
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	2,853.23

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

Remittance Section



010000367880656139249110000000002853230809189

Cust #	:	03678806
Invoice #	:	56139249
Invoice Date	:	08/09/18
Amount	:	2,853.23
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-2 Part 2 Filed 01/21/19 Desc Attachment 1 Page 64 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55718326
Invoice Date	:	08/09/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 08/09/18	Sls Ord # : 66190712
Cust P O # : 784-293HS	Ship Via : Drop Ship	Sls Ord Dt : 07/26/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



010000367880655718326110000000000181270809186

Cust #	:	03678806
Invoice #	:	55718326
Invoice Date	:	08/09/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

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 #	:	56210722
Invoice Date	:	08/10/18
Amount	:	563.48
Terms	:	Invoice Date + 30 days
Due Date	:	09/09/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
John Specia
Clarksdale MS 386146213

STATE REG#: 23479

Cust # : 03678806	Ship Date : 08/10/18	Sls Ord # : 66724911
Cust P O # : 774-403	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 08/10/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1284493	5	0	5ml/Vl	Celestone Soluspan Inj MDV 6mg/ml ** special contract price** NDC#: 00085432001 M2 - See message below for DSCSA compliance details	34.2300	171.15	
1182689	2	0	50/Ca	Shorts MediShorts Exam Blue LF XXL-3XL D ** special contract price**	46.9700	93.94	T
1127069	5	0	16oz/Ea	Hydrogen Peroxide 3% ** special contract price**	0.4400	2.20	T
1016311	2	0	100/Ca	Pillowcase Tissue-Poly White 21"x30" ** special contract price**	14.9400	29.88	T
9596851	1	0	48/Bx	ChloraPrep Swabstick Single 1.75mL ** special contract price** NDC#: 54365040007	27.6600	27.66	T
6020035	3	0	100/Bx	Prevantics Swab 2.5x2.5 1.0mL ** special contract price**	10.1000	30.30	T
1093129	3	0	50/Ca	Boxer Shorts Male Unisize ** special contract price**	22.8000	68.40	T
9004476	2	0	100/Bx	Syringe w/o Needle LL 10mL ** special contract price**	5.1000	10.20	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



010000367880656210722110000000000563480810186

Cust #	:	03678806
Invoice #	:	56210722
Invoice Date	:	08/10/18
Amount	:	563.48
Terms	:	Invoice Date + 30 days
Due Date	:	09/09/18

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 #	:	56210722
Invoice Date	:	08/10/18
Amount	:	563.48
Terms	:	Invoice Date + 30 days
Due Date	:	09/09/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
John Specia
Clarksdale MS 386146213

STATE REG#: 23479

Cust # : 03678806	Ship Date : 08/10/18	Sls Ord # : 66724911
Cust P O # : 774-403	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 08/10/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9004475	** special contract price	3	0	100/Bx Syringe w/o Needle LL Sterile 3cc	3.1100	9.33	T
1125515	** special contract price	3	0	1/RI Synthetic Stockinette White 4"x25yds	7.9800	23.94	T
9004642	** special contract price	3	0	10/Bx Fiberglass Casting Tape 3"x4Yd Black	21.4900	64.47	T
1126133	** special contract price	5	0	100/Bx Bandage Adhsv Strip Fabric LF 1"x3"	1.2700	6.35	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. 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	537.82
Tax	25.66
Shipping and/or Handling	0.00
Total Amount	563.48

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; 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

E-Mail: 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

E-Mail: 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

E-Mail: 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 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-05682 Clarksdale Regional Physicians, LLC](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<p><i>Creditor:</i> (6728612) HENRY SCHEIN 135 DURYEA ROAD MELVILLE, NY 11747</p>	<p>Claim No: 11 <i>Original Filed</i> Date: 01/21/2019 <i>Original Entered</i> Date: 01/21/2019 <i>Last Amendment</i> Filed: 01/21/2019 <i>Last Amendment</i> Entered: 01/21/2019</p>	<p><i>Status:</i> Filed by: CR Entered by: admin Modified: 01/21/2019</p>
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Amount claimed: \$16555.75

History:

- [Details](#) [11-1](#) 01/21/2019 Claim #11 filed by HENRY SCHEIN, Amount claimed: \$18183.88 (admin)
- [Details](#) [11-2](#) 01/21/2019 Amended Claim #11 filed by HENRY SCHEIN, Amount claimed: \$16555.75 (admin)

Description:

Remarks: (11-1) Account Number (last 4 digits):8806
(11-2) Account Number (last 4 digits):8806

Claims Register Summary

Case Name: Clarksdale Regional Physicians, LLC
Case Number: 3:18-bk-05682
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$16555.75
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		

Fill in this information to identify the case:

Debtor 1 <u>Clarksdale Regional Physicians, LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05682

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															
1. Who is the current creditor?	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 _____														
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____														
3. Where should notices and payments to the creditor be sent?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>HENRY SCHEIN _____</td> <td>_____</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td>Name</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>135 DURYE ROAD MELVILLE, NY 11747</td> <td>Contact phone _____</td> </tr> <tr> <td>Contact phone <u>631-843-5769</u></td> <td>Contact email _____</td> </tr> <tr> <td>Contact email <u>abe.thomas@henryschein.com</u></td> <td>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	HENRY SCHEIN _____	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	135 DURYE ROAD MELVILLE, NY 11747	Contact phone _____	Contact phone <u>631-843-5769</u>	Contact email _____	Contact email <u>abe.thomas@henryschein.com</u>	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)														
HENRY SCHEIN _____	_____														
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name														
Name	Name														
135 DURYE ROAD MELVILLE, NY 11747	Contact phone _____														
Contact phone <u>631-843-5769</u>	Contact email _____														
Contact email <u>abe.thomas@henryschein.com</u>	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____														
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY														
5. Do you know if anyone else has filed a proof of claim for this claim?	<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>6. Do you have any number you use to identify the debtor?</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>8806</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>18183.88</u></p> <p>Does this amount include interest or other charges? <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>8. What is the basis of the claim?</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>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <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>Basis for perfection: _____</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>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</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:	Amount entitled to priority
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

Number Street
Melville, NY 11747-3834

City State ZIP Code

Contact phone 631-843-5769 Email _____

Debtor: 3678806 Clarksdale Regional Physicians

4/28/2018	RF	52890018		52890018		\$51.15	\$51.15	
6/2/2018	RF	54005246		54005246		\$40.33	\$40.33	
6/30/2018	RF	54923991		54923991		\$69.30	\$69.30	
8/4/2018	RF	55996193		55996193		\$153.30	\$153.30	\$314.08
4/13/2018	RI	52381319	01	52381319	784-348	\$366.69	\$299.33	
4/16/2018	RI	52425714	02	52425714	780-739	\$137.10	\$137.10	
4/17/2018	RI	52500838	01	52500838	782-183	\$78.36	\$78.36	
4/18/2018	RI	52548494	01	52548494	768-43 HS	\$577.86	\$577.86	
4/18/2018	RI	52552546	01	52552546	780-740	\$288.55	\$288.55	
4/19/2018	RI	52569161	01	52569161	771-260	\$23.37	\$23.37	
4/20/2018	RI	52600355	02	52600355	780-740	\$8.76	\$8.76	
4/20/2018	RI	52552547	01	52552547	780-740	\$5.00	\$5.00	
4/24/2018	RI	52699469	01	52699469	HSI_76832336	\$137.10	\$137.10	
5/3/2018	RI	53028182	01	53028182	784-286HS	\$220.28	\$220.28	
5/3/2018	RI	53049255	01	53049255	784-286HS	\$229.90	\$229.90	
5/15/2018	RI	53436023	01	53436023	784-286HS	\$450.18	\$450.18	
5/22/2018	RI	53621276	01	53621276	784-288HS	\$56.72	\$56.72	
5/23/2018	RI	53685844	01	53685844	780-378	\$287.26	\$287.26	
5/24/2018	RI	53719169	01	53719169	774-401	\$171.15	\$171.15	
5/24/2018	RI	53758289	01	53758289	781-350	\$435.51	\$435.51	
5/24/2018	RI	53685845	01	53685845	780-378	\$15.95	\$15.95	
5/25/2018	RI	53798555	01	53798555	781-351	\$143.34	\$143.34	
5/31/2018	RI	53901366	02	53901366	774-398	\$33.47	\$33.47	
6/1/2018	RI	53758291	01	53758291	781-350	\$181.27	\$181.27	
6/5/2018	RI	54060794	02	54060794	780-378	\$3.21	\$3.21	
6/5/2018	RI	54080968	01	54080968	782-187	\$58.31	\$58.31	
6/6/2018	RI	54124083	01	54124083	784-289HS	\$242.70	\$242.70	
6/6/2018	RI	54124140	01	54124140	774-402	\$412.63	\$412.63	
6/11/2018	RI	54278430	01	54278430	780-380	\$3,405.91	\$3,405.91	
6/18/2018	RI	54480348	01	54480348	777-166	\$270.60	\$270.60	
6/18/2018	RI	54491756	01	54491756	784-290HS	\$454.16	\$454.16	
6/19/2018	RI	54527155	01	54527155	771-263	\$49.96	\$49.96	
6/20/2018	RI	54555366	01	54555366	781-352	\$183.69	\$183.69	
6/20/2018	RI	54595226	01	54595226	780-381	\$525.50	\$525.50	
6/21/2018	RI	54620074	01	54620074	784-291HS	\$555.46	\$555.46	
6/22/2018	RI	54644720	02	54644720	780-381	\$82.98	\$82.98	
6/26/2018	RI	54750201	01	54750201	HSI_77300786	\$111.34	\$111.34	
7/5/2018	RI	54595228	01	54595228	780-381	\$181.27	\$181.27	
7/6/2018	RI	55069317	01	55069317	774-404	\$210.74	\$210.74	
7/9/2018	RI	55092417	03	55092417	780-381	\$168.59	\$168.59	
7/9/2018	RI	55133365	01	55133365	782-189	\$20.77	\$20.77	
7/12/2018	RI	55265824	01	55265824	780-383	\$198.66	\$198.66	

Debtor: 3678806 Clarksdale Regional Physicians

7/12/2018	RI	55262171	01	55262171	768-44HS	\$798.70	\$798.70	
7/16/2018	RI	55313110	01	55313110	777-168	\$53.39	\$53.39	
7/16/2018	RI	55262173	01	55262173	768-44HS	\$181.27	\$181.27	
7/19/2018	RI	55457145	01	55457145	771-265	\$424.15	\$424.15	
7/19/2018	RI	55265826	01	55265826	780-383	\$62.00	\$62.00	
7/20/2018	RI	55529846	01	55529846	768-46HS	\$157.70	\$157.70	
7/27/2018	RI	55718325	01	55718325	784-293HS	\$34.22	\$34.22	
7/30/2018	RI	55798236	02	55798236	777-168	\$15.32	\$15.32	
8/9/2018	RI	56139249	01	56139249	HSI_77609889	\$2,853.23	\$2,853.23	
8/9/2018	RI	55718326	01	55718326	784-293HS	\$181.27	\$181.27	
8/10/2018	RI	56210722	01	56210722	774-403	\$563.48	\$563.48	\$16,241.67
						TOTAL =	16,555.75	16,555.75



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	52381319
Invoice Date	:	04/13/18
Amount	:	366.69
Terms	:	Invoice Date + 30 days
Due Date	:	05/13/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 04/13/18	Sls Ord # : 62795832
Cust P O # : 784-348	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/13/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3581511	5	0	Ea	Lysol II Scented Spray 19oz	12.2700	61.35	T
				Go to your online account to retrieve this MSDS/SDS, 1058985 - If you can't access online options, call 1-800-472-4346.			
1118536	1	0	Case	Criterion Glove PF Nitrile LF Medium	47.9000	47.90	T
				Go to your online account to retrieve this MSDS/SDS, 105AH09 - If you can't access online options, call 1-800-472-4346.			
1479303	2	0	50/Bx	Contour Bld GI Strp Test Strips	15.7300	31.46	T
				** special contract price**			
8917593	1	0	2x24/Bx	Coaguchek XS Test Strips Vials	202.0000	202.00	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	342.71
Tax	23.98
Shipping and/or Handling	0.00
Total Amount	366.69

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

Remittance Section



010000367880652381319110000000000366690413185

Cust #	:	03678806
Invoice #	:	52381319
Invoice Date	:	04/13/18
Amount	:	366.69
Terms	:	Invoice Date + 30 days
Due Date	:	05/13/18

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 #	:	52425714
Invoice Date	:	04/16/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/16/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 04/16/18	Sls Ord # : 62571419
Cust P O # : 780-739	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1298003	1	0	Ea	Data Logger Refrig/ Freez 2 Btl Pro	128.1300	128.13	T
** special contract price **							
This is a backordered shipment for order:62571419 original invoice:52159124							
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	128.13
Tax	8.97
Shipping and/or Handling	0.00
Total Amount	137.10

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

Remittance Section



010000367880652425714110000000000137100416183

Cust #	:	03678806
Invoice #	:	52425714
Invoice Date	:	04/16/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/16/18

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 #	:	52500838
Invoice Date	:	04/17/18
Amount	:	78.36
Terms	:	Invoice Date + 30 days
Due Date	:	05/17/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Gastroenterology MD
785 Ohio Ave Ste 3E
Richard Brownstein
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 04/17/18	Sls Ord # : 62919654
Cust P O # : 782-183	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1009865	1	0	12/Ca	Table Paper Crepe STD 18"x125'	14.4500	14.45	T
	** special contract price **						
2900727	1	0	24/Pk	Emesis Vomit Bag	22.1800	22.18	T
	** special contract price **						
5660460	3	0	250/SI	Probe Covers Disp SureTemp	3.6700	11.01	T
	** special contract price **						
9210011	2	0	100/Ca	Pillow Covers White 21"x30"	12.8000	25.60	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	73.24
Tax	5.12
Shipping and/or Handling	0.00
Total Amount	78.36

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

Remittance Section



010000367880652500838110000000000078360417183

Cust #	:	03678806
Invoice #	:	52500838
Invoice Date	:	04/17/18
Amount	:	78.36
Terms	:	Invoice Date + 30 days
Due Date	:	05/17/18

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 #	:	52548494
Invoice Date	:	04/18/18
Amount	:	577.86
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care MD
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970377
Cust P O # : 768-43 HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9870248	2	0	200/Bx	Luer-Lok Syringe Only 3cc	7.1300	14.26	T
	** special contract price **						
9087376	2	0	10ml/VI	Lincocin Injection 300mg NDC#: 00009055502	187.3000	374.60	
	Go to your online account to retrieve this MSDS/SDS, 1052693 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
9081188	2	0	10ml/VI	M2 - See message below for DSCSA compliance details Depo-Medrol Inj MDV 40mg/ml NDC#: 00009028003	78.8500	157.70	
	Go to your online account to retrieve this MSDS/SDS, 1052342 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
3150042	2	0	100/Bx	M2 - See message below for DSCSA compliance details Surguard3 Safety Needle 23gx1	14.1600	28.32	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



010000367880652548494110000000000577860418181

Cust #	:	03678806
Invoice #	:	52548494
Invoice Date	:	04/18/18
Amount	:	577.86
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

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 #	:	52548494
Invoice Date	:	04/18/18
Amount	:	577.86
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Primary Care MD
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970377
Cust P O # : 768-43 HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 04/18/18
		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 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	574.88
Tax	2.98
Shipping and/or Handling	0.00
Total Amount	577.86



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	52552546
Invoice Date	:	04/18/18
Amount	:	288.55
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1531346	1	0	250/Ca	Infectious Waste Bag Red 1.2mL 30 Gallon	54.0800	54.08	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						
1048645	1	0	25/Bx	Diphenhydramine Inj SDV 1ml 50mg/ml	16.0500	16.05	
	NDC#: 63323066401						
	Go to your online account to retrieve this MSDS/SDS, 105D738 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
	M2 - See message below for DSCSA compliance details						
7770572	1	0	36/Ca	Wrap Coban LF Brights Pk HT 2"x5yd	34.8600	34.86	T
	** special contract price **						
1118535	1	0	Case	Criterion Glove PF Nitrile LF Small	47.9000	47.90	T
	** special contract price **						
2484301	1	0	10mL/VI	Cyanocob Inj (B-12) Non-Return 1000mcg	14.8400	14.84	

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



010000367880652552546110000000000288550418180

Cust #	:	03678806
Invoice #	:	52552546
Invoice Date	:	04/18/18
Amount	:	288.55
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

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 #	:	52552546
Invoice Date	:	04/18/18
Amount	:	288.55
Terms	:	Invoice Date + 30 days
Due Date	:	05/18/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 04/18/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				** special contract price** NDC#: 52584003225			
				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**			
3950018	1	0	6/Ca	Roll Towel 400 Ft	21.6000	21.60	T
				** special contract price**			
3958757	1	0	8Rl/Ca	Toilet Tissue Jumbo 2-Ply 1000ft/Rl	15.5000	15.50	T
				** special contract price**			
9871590	1	0	10/Bx	Bandage Ace Elastic N/S 3"X5Yd	15.0000	15.00	T
				** special contract price**			
7887759	6	0	Ea	Removal Suture Skin Kit	0.5900	3.54	T
				** special contract price**			
1001444	1	0	200/Pk	All-Gauze Sponge Non Sterile 4"x4" 12p	3.0900	3.09	T
				** special contract price**			
7880355	2	0	Ea	Incision & Drainage Tray Ster	3.5700	7.14	T
				** special contract price**			
1536483	1	0	250ml/Bt	Sterile Water For Irrigation 250ml Str	4.2800	4.28	T
				** special contract price** NDC#: 00338000402			

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	273.91
Tax	14.64
Shipping and/or Handling	0.00
Total Amount	288.55



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	52569161
Invoice Date	:	04/19/18
Amount	:	23.37
Terms	:	Invoice Date + 30 days
Due Date	:	05/19/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Specialty Care MD
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

Cust # : 03678806	Ship Date : 04/19/18	Sls Ord # : 62963903
Cust P O # : 771-260	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6430062	10	0	100/Bx	Angel Soft Facial Tissue	0.5400	5.40	T
	** special contract price **						
1135423	4	0	160/Pk	Super Sani-Cloth Large	4.1100	16.44	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 **						
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	21.84
Tax	1.53
Shipping and/or Handling	0.00
Total Amount	23.37

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

Remittance Section



010000367880652569161110000000000023370419185

Cust #	:	03678806
Invoice #	:	52569161
Invoice Date	:	04/19/18
Amount	:	23.37
Terms	:	Invoice Date + 30 days
Due Date	:	05/19/18

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 #	:	52600355
Invoice Date	:	04/20/18
Amount	:	8.76
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 04/20/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1537162	2	0	500ml/Bg	Sodium Chloride Solution 0.9%	4.3800	8.76	
** special contract price** NDC#: 00338004903							
This is a backordered shipment for order:62970374 original invoice:52552546							
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	8.76
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	8.76

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

Remittance Section



010000367880652600355110000000000008760420181

Cust #	:	03678806
Invoice #	:	52600355
Invoice Date	:	04/20/18
Amount	:	8.76
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

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 #	:	52552547
Invoice Date	:	04/20/18
Amount	:	5.00
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 04/20/18	Sls Ord # : 62970374
Cust P O # : 780-740	Ship Via : Drop Ship	Sls Ord Dt : 04/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9056240	1	0	9/Pk	Strips Mounting Command	4.6700	4.67	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	4.67
Tax	0.33
Shipping and/or Handling	0.00
Total Amount	5.00

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

Remittance Section



010000367880652552547110000000000005000420189

Cust #	:	03678806
Invoice #	:	52552547
Invoice Date	:	04/20/18
Amount	:	5.00
Terms	:	Invoice Date + 30 days
Due Date	:	05/20/18

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 #	:	52699469
Invoice Date	:	04/24/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/24/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 04/24/18	Sls Ord # : 63118556
Cust P O # : HSI_76832336	Ship Via : UPS Lancaster/Harrisburg Zone5	Sls Ord Dt : 04/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1298003	1	0	Ea	Data Logger Refrig/ Freez 2 Btl Pro	128.1300	128.13	T
** special contract price ** THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER.							

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
Northeast Distribution Center, 41 WEAVER ROAD, DENVER, PA 17517

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	128.13
Tax	8.97
Shipping and/or Handling	0.00
Total Amount	137.10

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

Remittance Section



010000367880652699469110000000000137100424184

Cust #	:	03678806
Invoice #	:	52699469
Invoice Date	:	04/24/18
Amount	:	137.10
Terms	:	Invoice Date + 30 days
Due Date	:	05/24/18

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 #	:	53028182
Invoice Date	:	05/03/18
Amount	:	220.28
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/02/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6122561	1	0	Case	Sharps Container Horizontal Red 5.4Qt	121.2000	121.20	T
	** special contract price **						
7770570	1	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	15.8400	15.84	T
	** special contract price **						
1025355	1	0	Case	Criterion CL Glove PF Latex Medium	42.5000	42.50	T
	** special contract price **						
8909467	1	0	500/Bg	Cotton Balls Medium	1.6900	1.69	T
	** special contract price **						
9870248	1	0	200/Bx	Luer-Lok Syringe Only 3cc	7.1300	7.13	T
	** special contract price **						
9004670	1	0	50/Bx	Curette Ear White Disp Large Loop Tip	17.5000	17.50	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. 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.

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



010000367880653028182110000000000220280503188

Cust #	:	03678806
Invoice #	:	53028182
Invoice Date	:	05/03/18
Amount	:	220.28
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 14 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53028182
Invoice Date	:	05/03/18
Amount	:	220.28
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/02/18
		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	205.86
Tax	14.42
Shipping and/or Handling	0.00
Total Amount	220.28



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	: 53049255
Invoice Date	: 05/03/18
Amount	: 229.90
Terms	: Invoice Date + 30 days
Due Date	: 06/02/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/02/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1049907	1	0	25/Bx	Ketorolac Inj IM/IV SDV 1mL 15mg/mL NDC#: 00409379301 Go to your online account to retrieve this MSDS/SDS, 1051776 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	33.9000	33.90	
7848231	1	0	10/bx	Ceftriaxone Sod F/Inj SDV 500mg/vl NDC#: 68180062210 Go to your online account to retrieve this MSDS/SDS, 105LX41 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	9.0200	9.02	
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml NDC#: 00009307303 ** special contract price ** M2 - See message below for DSCSA compliance details	186.9800	186.98	

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



010000367880653049255110000000000229900503187

Cust #	: 03678806
Invoice #	: 53049255
Invoice Date	: 05/03/18
Amount	: 229.90
Terms	: Invoice Date + 30 days
Due Date	: 06/02/18

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 #	:	53049255
Invoice Date	:	05/03/18
Amount	:	229.90
Terms	:	Invoice Date + 30 days
Due Date	:	06/02/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 05/03/18	Sls Ord # : 63451318
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/02/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
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	229.90
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	229.90



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53436023
Invoice Date	:	05/15/18
Amount	:	450.18
Terms	:	Invoice Date + 30 days
Due Date	:	06/14/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

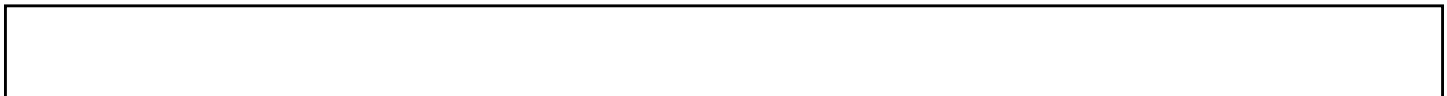
Cust # : 03678806	Ship Date : 05/15/18	Sls Ord # : 63865998
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9004670	1	0	50/Bx	Curette Ear White Disp Large Loop Tip	17.5000	17.50	T
	** special contract price **						
9870248	1	0	200/Bx	Luer-Lok Syringe Only 3cc	7.1300	7.13	T
	** special contract price **						
8909467	1	0	500/Bg	Cotton Balls Medium	1.6900	1.69	T
	** special contract price **						
1025355	1	0	Case	Criterion CL Glove PF Latex Medium	42.5000	42.50	T
	** special contract price **						
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	186.9800	186.98	
	** special contract price ** NDC#: 00009307303						
	M2 - See message below for DSCSA compliance details						
7770570	1	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	15.8400	15.84	T
	** special contract price **						
6122561	1	0	Case	Sharps Container Horizontal Red 5.4Qt	121.2000	121.20	T
	** special contract price **						
7848231	1	0	10/bx	Ceftriaxone Sod F/Inj SDV 500mg/vl	9.0200	9.02	

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



010000367880653436023110000000000450180515184

Cust #	:	03678806
Invoice #	:	53436023
Invoice Date	:	05/15/18
Amount	:	450.18
Terms	:	Invoice Date + 30 days
Due Date	:	06/14/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 18 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53436023
Invoice Date	:	05/15/18
Amount	:	450.18
Terms	:	Invoice Date + 30 days
Due Date	:	06/14/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 05/15/18	Sls Ord # : 63865998
Cust P O # : 784-286HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1049907	1	0	25/Bx	** special contract price** NDC#: 68180062210 M2 - See message below for DSCSA compliance details Ketorolac Inj IM/IV SDV 1mL 15mg/mL ** special contract price** NDC#: 00409379301 MN - See message below for DSCSA compliance details THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER.	33.9000	33.90	

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.
 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.
 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	435.76
Tax	14.42
Shipping and/or Handling	0.00
Total Amount	450.18



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53621276
Invoice Date	:	05/22/18
Amount	:	56.72
Terms	:	Invoice Date + 30 days
Due Date	:	06/21/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center MD
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 05/22/18	Sls Ord # : 64063733
Cust P O # : 784-288HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/21/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6782442	4	0	200/Bx	Thermoscan Probe Cover Pro4000 Braun	7.8500	31.40	T
	** special contract price **						
1126086	1	0	Ea	Cuff And Bladder 2 Tb LF Black Lg Adult	8.4900	8.49	T
	** special contract price **						
1173606	2	0	100/Bx	Probe Cover f/MDS9700 Plstc LF NS	6.5600	13.12	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	53.01
Tax	3.71
Shipping and/or Handling	0.00
Total Amount	56.72

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

Remittance Section



01000036788065362127611000000000056720522183

Cust #	:	03678806
Invoice #	:	53621276
Invoice Date	:	05/22/18
Amount	:	56.72
Terms	:	Invoice Date + 30 days
Due Date	:	06/21/18

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 #	:	53685844
Invoice Date	:	05/23/18
Amount	:	287.26
Terms	:	Invoice Date + 30 days
Due Date	:	06/22/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 05/23/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2610164	1	0	Box	Battery Procell AA	6.3600	6.36	T
	** special contract price **						
7193799	1	0	12/Pk	Battery Alkaline D	6.7400	6.74	T
	** special contract price **						
9087376	1	0	10ml/Vl	Lincocin Injection 300mg	187.3000	187.30	
	** special contract price ** NDC#: 00009055502						
	M2 - See message below for DSCSA compliance details						
1024486	2	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml	7.6600	15.32	
	** special contract price ** NDC#: 63323016530						
	M2 - See message below for DSCSA compliance details						
7198272	1	0	20gm/Tb	Silvadene Cream 1%	8.2900	8.29	
	** special contract price ** NDC#: 61570013120						
	M2 - See message below for DSCSA compliance details						
1271598	1	0	22gm/Tb	Mupirocin Ointment 2%	2.6300	2.63	
	. NDC#: 51672131200						
	Go to your online account to retrieve this MSDS/SDS, 105MU68 - If you can't acc						

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



010000367880653685844110000000000287260523186

Cust #	:	03678806
Invoice #	:	53685844
Invoice Date	:	05/23/18
Amount	:	287.26
Terms	:	Invoice Date + 30 days
Due Date	:	06/22/18

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 #	:	53685844
Invoice Date	:	05/23/18
Amount	:	287.26
Terms	:	Invoice Date + 30 days
Due Date	:	06/22/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 05/23/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1002649	10	0	100/Bx	ess online options, call 1-800-472-4346. ** special contract price** WH - See message below for DSCSA details. This item is non-returnable Kleenex Facial Tissue 2Ply	0.7900	7.90	T
1118535	1	0	Case	** special contract price** Criterion Glove PF Nitrile LF Small	47.9000	47.90	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. 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	282.44
Tax	4.82
Shipping and/or Handling	0.00
Total Amount	287.26



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	: 53719169
Invoice Date	: 05/24/18
Amount	: 171.15
Terms	: Invoice Date + 30 days
Due Date	: 06/23/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me MD
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64165663
Cust P O # : 774-401	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1284493	5	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml ** special contract price** NDC#: 00085432001 M2 - See message below for DSCSA compliance details	34.2300	171.15	
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	171.15
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	171.15

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

Remittance Section



010000367880653719169110000000000171150524187

Cust #	: 03678806
Invoice #	: 53719169
Invoice Date	: 05/24/18
Amount	: 171.15
Terms	: Invoice Date + 30 days
Due Date	: 06/23/18

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 #	:	53758289
Invoice Date	:	05/24/18
Amount	:	435.51
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64203561
Cust P O # : 781-350	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/24/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9081188	2	0	10ml/VI	Depo-Medrol Inj MDV 40mg/ml	78.8500	157.70	
	** special contract price** NDC#: 00009028003 M2 - See message below for DSCSA compliance details						
9083787	2	0	5ml/VI	Depo-Medrol Inj MDV 80mg/mL	75.1600	150.32	
	** special contract price** NDC#: 00009030602 M2 - See message below for DSCSA compliance details						
1203656	2	0	100/Bx	EKG Electrode Silver Mac Plus 100/Pouch	6.2500	12.50	T
	** special contract price**						
1118536	1	0	Case	Criterion Glove PF Nitrile LF Medium	47.9000	47.90	T
	** special contract price**						
2544454	1	0	40/Bx	Hemocult Sensa Dispensapak Dispensap	58.7500	58.75	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. 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.

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



010000367880653758289110000000000435510524184

Cust #	:	03678806
Invoice #	:	53758289
Invoice Date	:	05/24/18
Amount	:	435.51
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 24 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53758289
Invoice Date	:	05/24/18
Amount	:	435.51
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64203561
Cust P O # : 781-350	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 05/24/18
		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	427.17
Tax	8.34
Shipping and/or Handling	0.00
Total Amount	435.51



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53685845
Invoice Date	:	05/24/18
Amount	:	15.95
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic MD
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 05/24/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : Drop Ship	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1163413	1	0	Ea	Disinfectant Floor No-Rinse 128oz Blu	14.9100	14.91	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							

Please refer to back of paperwork for Disclosures/Terms of Sale
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 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	14.91
Tax	1.04
Shipping and/or Handling	0.00
Total Amount	15.95

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

Remittance Section



010000367880653685845110000000000015950524183

Cust #	:	03678806
Invoice #	:	53685845
Invoice Date	:	05/24/18
Amount	:	15.95
Terms	:	Invoice Date + 30 days
Due Date	:	06/23/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 26 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	53798555
Invoice Date	:	05/25/18
Amount	:	143.34
Terms	:	Invoice Date + 30 days
Due Date	:	06/24/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC MI
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine MD
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 05/25/18	Sls Ord # : 64244102
Cust P O # : 781-351	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/25/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1203656	1	0	Case	EKG Electrode Silver Mac Plus 100/Pouch	62.5000	62.50	T
	** special contract price **						
1087086	1	0	25/Kt	Strep A Test Binax NOW Kit 25Test Ki	40.0000	40.00	T
	Go to your online account to retrieve this MSDS/SDS, 105X766 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
1479303	2	0	50/Bx	Contour Bld GI Strp Test Strips	15.7300	31.46	T
	** special contract price ** NDC#: 00193709950						

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	133.96
Tax	9.38
Shipping and/or Handling	0.00
Total Amount	143.34

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

Remittance Section



010000367880653798555110000000000143340525180

Cust #	:	03678806
Invoice #	:	53798555
Invoice Date	:	05/25/18
Amount	:	143.34
Terms	:	Invoice Date + 30 days
Due Date	:	06/24/18

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 #	:	53901366
Invoice Date	:	05/31/18
Amount	:	33.47
Terms	:	Invoice Date + 30 days
Due Date	:	06/30/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 05/31/18	Sls Ord # : 61845660
Cust P O # : 774-398	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 03/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1214083	1	0	25/Bx	Bupivacaine Hcl SDV 30mL 0.5% NDC#: 55150017030 Go to your online account to retrieve this MSDS/SDS, 105S944 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	33.4700	33.47	

This is a backordered shipment for order:61845660 original invoice:51437020
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	33.47
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	33.47

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

Remittance Section



010000367880653901366110000000000033470531182

Cust #	:	03678806
Invoice #	:	53901366
Invoice Date	:	05/31/18
Amount	:	33.47
Terms	:	Invoice Date + 30 days
Due Date	:	06/30/18

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 #	:	53758291
Invoice Date	:	06/01/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	07/01/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 06/01/18	Sls Ord # : 64203561
Cust P O # : 781-350	Ship Via : Drop Ship	Sls Ord Dt : 05/24/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



010000367880653758291110000000000181270601186

Cust #	:	03678806
Invoice #	:	53758291
Invoice Date	:	06/01/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	07/01/18

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 #	:	54060794
Invoice Date	:	06/05/18
Amount	:	3.21
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 06/05/18	Sls Ord # : 64125702
Cust P O # : 780-378	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 05/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
4710030	2	0	Ea	Lubricating Jelly Pap Test 4oz	1.5000	3.00	T
Go to your online account to retrieve this MSDS/SDS, 105LT69 - If you can't access online options, call 1-800-472-4346. ** special contract price **							

This is a backordered shipment for order:64125702 original invoice:53685844
 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	3.00
Tax	0.21
Shipping and/or Handling	0.00
Total Amount	3.21

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

Remittance Section



010000367880654060794110000000000003210605188

Cust #	:	03678806
Invoice #	:	54060794
Invoice Date	:	06/05/18
Amount	:	3.21
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

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 #	:	54080968
Invoice Date	:	06/05/18
Amount	:	58.31
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Gastroenterology
785 Ohio Ave Ste 3E
Richard Brownstein
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 06/05/18	Sls Ord # : 64526833
Cust P O # : 782-187	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/05/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1009865	2	0	12/Ca	Table Paper Crepe STD 18"x125'	14.4500	28.90	T
	** special contract price **						
9210011	2	0	100/Ca	Pillow Covers White 21"x30"	12.8000	25.60	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	54.50
Tax	3.81
Shipping and/or Handling	0.00
Total Amount	58.31

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

Remittance Section



010000367880654080968110000000000058310605189

Cust #	:	03678806
Invoice #	:	54080968
Invoice Date	:	06/05/18
Amount	:	58.31
Terms	:	Invoice Date + 30 days
Due Date	:	07/05/18

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 #	:	54124083
Invoice Date	:	06/06/18
Amount	:	242.70
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 06/06/18	Sls Ord # : 64586458
Cust P O # : 784-289HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1012063	1	0	4000/Ca	Scott Multi-Fold Towels #1804	21.5300	21.53	T
	** special contract price **						
5464958	1	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml NDC#: 49281040015	219.6600	219.66	
Go to your online account to retrieve this MSDS/SDS, 105LY72 - If you can't access online options, call 1-800-472-4346.							
** special contract price **							
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. 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	241.19
Tax	1.51
Shipping and/or Handling	0.00
Total Amount	242.70

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

Remittance Section



01000036788065412408311000000000242700606181

Cust #	:	03678806
Invoice #	:	54124083
Invoice Date	:	06/06/18
Amount	:	242.70
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

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 #	:	54124140
Invoice Date	:	06/06/18
Amount	:	412.63
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 06/06/18	Sls Ord # : 64586503
Cust P O # : 774-402	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9879922	2	0	25/Bx	Spinal Needles 18gx3-1/2	27.2700	54.54	T
	** special contract price **						
1016311	2	0	100/Ca	Pillowcase Tissue-Poly White 21"x30"	14.9400	29.88	T
	** special contract price **						
1118536	5	0	100/Bx	Criterion Glove PF Nitrile LF Medium	4.7900	23.95	T
	** special contract price **						
1118537	5	0	100/Bx	Criterion Glove PF Nitrile LF Large	4.7900	23.95	T
	** special contract price **						
1284493	5	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml	34.2300	171.15	
	** special contract price ** NDC#: 00085432001						
	M2 - See message below for DSCSA compliance details						
1118535	5	0	100/Bx	Criterion Glove PF Nitrile LF Small	4.7900	23.95	T
	** special contract price **						
2670005	1	0	Case	Super Sani-Cloth XL 7.5" x 15	29.4600	29.46	T
	** special contract price **						
9880192	1	0	50/Bx	Protexis Ltx Hydrogel Glove PF Sz 8.5 Ye	39.9400	39.94	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



010000367880654124140110000000000412630606186

Cust #	:	03678806
Invoice #	:	54124140
Invoice Date	:	06/06/18
Amount	:	412.63
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

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 #	:	54124140
Invoice Date	:	06/06/18
Amount	:	412.63
Terms	:	Invoice Date + 30 days
Due Date	:	07/06/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
William Henceroth
Clarksdale MS 386146213

STATE REG#: 21213

Cust # : 03678806	Ship Date : 06/06/18	Sls Ord # : 64586503
Cust P O # : 774-402	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/06/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
	** special contract price**			THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST 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 . 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	396.82
Tax	15.81
Shipping and/or Handling	0.00
Total Amount	412.63



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54278430
Invoice Date	:	06/11/18
Amount	:	3,405.91
Terms	:	Invoice Date + 30 days
Due Date	:	07/11/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 06/11/18	Sls Ord # : 64737212
Cust P O # : 780-380	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/11/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5464958	1	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml NDC#: 49281040015 Go to your online account to retrieve this MSDS/SDS, 105LY72 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	219.6600	219.66	
5465976	1	0	5/Pk	Menactra Meningitis All Sdv .5ml NDC#: 49281058905 Go to your online account to retrieve this MSDS/SDS, 105LY71 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	628.5700	628.57	
5580044	1	0	10/Pk	Gardasil 9 Hpv PFS 0.5ml NDC#: 00006412102 ** special contract price ** M2 - See message below for DSCSA compliance details	2,212.6100	2,212.61	
2540023	1	0	10/Pk	Havrix Hep A Ped PFS TL LF 0.5ml	345.0700	345.07	

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



010000367880654278430110000000003405910611181

Cust #	:	03678806
Invoice #	:	54278430
Invoice Date	:	06/11/18
Amount	:	3,405.91
Terms	:	Invoice Date + 30 days
Due Date	:	07/11/18

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 #	:	54278430
Invoice Date	:	06/11/18
Amount	:	3,405.91
Terms	:	Invoice Date + 30 days
Due Date	:	07/11/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 06/11/18	Sls Ord # : 64737212
Cust P O # : 780-380	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/11/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				** special contract price** NDC#: 58160082552 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 . 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	3,405.91
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	3,405.91



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54480348
Invoice Date	:	06/18/18
Amount	:	270.60
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

STATE REG#: 18718

Cust # : 03678806	Ship Date : 06/18/18	Sls Ord # : 64937661
Cust P O # : 777-166	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
8310072	15	0	Ea	Suture Removal Tray W/Forcep Iris&Ad	0.9100	13.65	T
	** special contract price **						
8310361	15	0	Ea	Remover Staple Skin Disposable Sterile	0.7000	10.50	
	** special contract price **						
8904524	10	0	Ea	Kerlix Gauze Roll Ster 6Ply 4.5"x4.1y	1.4300	14.30	T
	** special contract price **						
1205256	6	0	14oz/Cn	Citrace Germicidal Deodorizer	3.6800	22.08	T
	Go to your online account to retrieve this MSDS/SDS, 1051872 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
6474174	5	0	10/Tray	Curity Gauze 12ply Ster 4"x4"	0.7200	3.60	T
	** special contract price **						
1001444	4	0	200/Pk	All-Gauze Sponge Non Sterile 4"x4" 12p	3.0900	12.36	T
	** special contract price **						
6780363	3	0	Ea	Packing Strips, Plain 1/4"	1.5600	4.68	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



010000367880654480348110000000000270600618185

Cust #	:	03678806
Invoice #	:	54480348
Invoice Date	:	06/18/18
Amount	:	270.60
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

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 #	:	54480348
Invoice Date	:	06/18/18
Amount	:	270.60
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

Address Service Requested

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

STATE REG#: 18718

Cust # : 03678806	Ship Date : 06/18/18	Sls Ord # : 64937661
Cust P O # : 777-166	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1126187	** special contract price** 2	0	10/Bx	Scalpels Disposable Sterile #15	5.2500	10.50	T
1126189	** special contract price** 1	0	10/Bx	Scalpels Disposable Sterile #11	5.2500	5.25	T
2882063	** special contract price** 1	0	50/Bx	Protexis Latex Micro Glove PF Sz 8 Brow	38.1900	38.19	T
1127083	** special contract price** 1	0	50Pr/Bx	Criterion CR Surgeons Glove Size 7.5	34.7600	34.76	T
1500092	** special contract price** 1	0	25/Pk	Xylocaine w/Epi MDV 20mL 1% NDC#: 63323048227	29.4200	29.42	
Go to your online account to retrieve this MSDS/SDS, 105H293 - If you can't access online options, call 1-800-472-4346.							
1013728	** special contract price** 2	0	12/Bx	M2 - See message below for DSCSA compliance details Suture Nylon Mono Blk C7 3-0 18"	18.9300	37.86	
5701043	** special contract price** 1	0	12/Bx	Maxima Suture Nylon Blk NFS-2 4-0 18"	22.2800	22.28	

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	259.43
Tax	11.17
Shipping and/or Handling	0.00
Total Amount	270.60



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54491756
Invoice Date	:	06/18/18
Amount	:	454.16
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 06/18/18	Sls Ord # : 64957076
Cust P O # : 784-290HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5464958	2	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml	219.6600	439.32	
	** special contract price ** NDC#: 49281040015 M2 - See message below for DSCSA compliance details						
7846100	1	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	14.84	
	** special contract price ** NDC#: 68180063310 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. 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	454.16
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	454.16

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

Remittance Section



010000367880654491756110000000000454160618189

Cust #	:	03678806
Invoice #	:	54491756
Invoice Date	:	06/18/18
Amount	:	454.16
Terms	:	Invoice Date + 30 days
Due Date	:	07/18/18

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 #	:	54527155
Invoice Date	:	06/19/18
Amount	:	49.96
Terms	:	Invoice Date + 30 days
Due Date	:	07/19/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Specialty Care
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

Cust # : 03678806	Ship Date : 06/19/18	Sls Ord # : 64994331
Cust P O # : 771-263	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/19/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1002649	10	0	100/Bx	Kleenex Facial Tissue 2Ply	0.7900	7.90	T
	** special contract price **						
9006368	1	0	Ea	Fingertip Pulse Oximeter	38.7900	38.79	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	46.69
Tax	3.27
Shipping and/or Handling	0.00
Total Amount	49.96

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

Remittance Section



010000367880654527155110000000000049960619185

Cust #	:	03678806
Invoice #	:	54527155
Invoice Date	:	06/19/18
Amount	:	49.96
Terms	:	Invoice Date + 30 days
Due Date	:	07/19/18

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 #	:	5455366
Invoice Date	:	06/20/18
Amount	:	183.69
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65025498
Cust P O # : 781-352	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/19/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1478045	1	0	10/Pk	DCA 2000 Reagent Hba1c Kit	78.6500	78.65	T
Go to your online account to retrieve this MSDS/SDS, 1056449 - If you can't access online options, call 1-800-472-4346.							
3150042	2	0	100/Bx	Surguard3 Safety Needle 23gx1	14.1600	28.32	T
1049909	1	0	25/Bx	Ketorolac Inj IM SDV 2mL 60mg/2mL	39.5500	39.55	
7846100	2	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	29.68	

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



010000367880654555366110000000000183690620183

Cust #	:	03678806
Invoice #	:	5455366
Invoice Date	:	06/20/18
Amount	:	183.69
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

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 #	:	54555366
Invoice Date	:	06/20/18
Amount	:	183.69
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

STATE REG#: 15315

Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65025498
Cust P O # : 781-352	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/19/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
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	176.20
Tax	7.49
Shipping and/or Handling	0.00
Total Amount	183.69



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54595226
Invoice Date	:	06/20/18
Amount	:	525.50
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6540034	1	0	12/Bx	Dermabond Mini Skin Adhesive Topical	192.3600	192.36	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 **			
5660460	2	0	250/SI	Probe Covers Disp SureTemp	3.6700	7.34	T
				** special contract price **			
3950018	1	0	6/Ca	Roll Towel 400 Ft	21.6000	21.60	T
				** special contract price **			
9004073	1	0	25/Bx	One Step hCG Urine Cass Test Kit	17.7000	17.70	T
				** special contract price **			
2883207	15	0	Ea	IV Start Kits PDI Prevantics	0.8800	13.20	T
Go to your online account to retrieve this MSDS/SDS, 105J815 - 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



010000367880654595226110000000000525500620181

Cust #	:	03678806
Invoice #	:	54595226
Invoice Date	:	06/20/18
Amount	:	525.50
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

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 #	:	54595226
Invoice Date	:	06/20/18
Amount	:	525.50
Terms	:	Invoice Date + 30 days
Due Date	:	07/20/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 06/20/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	1	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	14.84	
9087376	1	0	10ml/VI	Lincocin Injection 300mg ** special contract price** NDC#: 00009055502 M2 - See message below for DSCSA compliance details	187.3000	187.30	
1537162	5	0	500ml/Bg	Sodium Chloride Solution 0.9% ** special contract price** NDC#: 00338004903	4.3800	21.90	
2770280	1	0	25/Cr	Albuterol Inh Solution 3mL 0.083% NDC#: 00487950125 Go to your online account to retrieve this MSDS/SDS, 1051188 - If you can't access online options, call 1-800-472-4346. ** special contract price**	2.6700	2.67	
7779790	1	0	50/Bx	Strip Steri-Strip Closure Tan .25x1.5 S WH - See message below for DSCSA details. This item is non-returnable ** special contract price**	27.0500	27.05	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. 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	505.96
Tax	19.54
Shipping and/or Handling	0.00
Total Amount	525.50



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	54620074
Invoice Date	:	06/21/18
Amount	:	555.46
Terms	:	Invoice Date + 30 days
Due Date	:	07/21/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 06/21/18	Sls Ord # : 65091855
Cust P O # : 784-291HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/21/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9007507	1	0	Ea	Urispec + UA Reader w 12 Promo	450.0000	450.00	T
	** special contract price **						
1126841	1	0	6/Bx	Urispec Urine Dipper Control 15mL	69.1200	69.12	T
Go to your online account to retrieve this MSDS/SDS, 105AE40 - 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							

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	519.12
Tax	36.34
Shipping and/or Handling	0.00
Total Amount	555.46

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

Remittance Section



010000367880654620074110000000000555460621183

Cust #	:	03678806
Invoice #	:	54620074
Invoice Date	:	06/21/18
Amount	:	555.46
Terms	:	Invoice Date + 30 days
Due Date	:	07/21/18

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 #	:	54644720
Invoice Date	:	06/22/18
Amount	:	82.98
Terms	:	Invoice Date + 30 days
Due Date	:	07/22/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 06/22/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1538923	15	0	Ea	Catheter Ext Set Clearlink	5.1700	77.55	T
<p>** special contract price **</p> <p>This is a backordered shipment for order:65067873 original invoice:54595226 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</p>							

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	77.55
Tax	5.43
Shipping and/or Handling	0.00
Total Amount	82.98

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

Remittance Section



010000367880654644720110000000000082980622185

Cust #	:	03678806
Invoice #	:	54644720
Invoice Date	:	06/22/18
Amount	:	82.98
Terms	:	Invoice Date + 30 days
Due Date	:	07/22/18

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 #	:	54750201
Invoice Date	:	06/26/18
Amount	:	111.34
Terms	:	Invoice Date + 30 days
Due Date	:	07/26/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Internal Medicine
785 Ohio Ave Ste 3D
Jacqueline Hampton
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 06/26/18	Sls Ord # : 65220918
Cust P O # : HSI_77300786	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 06/26/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
8914205	2	0	100/Bt	Chemstrip 10md Urine Test Strips	52.0300	104.06	T
Go to your online account to retrieve this MSDS/SDS, 105O606 - 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

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	104.06
Tax	7.28
Shipping and/or Handling	0.00
Total Amount	111.34

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

Remittance Section



010000367880654750201110000000000111340626181

Cust #	:	03678806
Invoice #	:	54750201
Invoice Date	:	06/26/18
Amount	:	111.34
Terms	:	Invoice Date + 30 days
Due Date	:	07/26/18

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 #	:	54595228
Invoice Date	:	07/05/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/04/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/05/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : Drop Ship	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	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.
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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



010000367880654595228110000000000181270705188

Cust #	:	03678806
Invoice #	:	54595228
Invoice Date	:	07/05/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/04/18

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 #	:	55069317
Invoice Date	:	07/06/18
Amount	:	210.74
Terms	:	Invoice Date + 30 days
Due Date	:	08/05/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
John Specia
Clarksdale MS 386146213

STATE REG#: 23479

Cust # : 03678806	Ship Date : 07/06/18	Sls Ord # : 65526124
Cust P O # : 774-404	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/05/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1284493	5	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml ** special contract price** NDC#: 00085432001 M2 - See message below for DSCSA compliance details	34.2300	171.15	
1500109	1	0	25/Pk	Xylocaine w/Epi 2% MDV 20Mg/mL NDC#: 63323048327 Go to your online account to retrieve this MSDS/SDS, 105H293 - If you can't access online options, call 1-800-472-4346. ** special contract price** M2 - See message below for DSCSA compliance details	39.5900	39.59	

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	210.74
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	210.74

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

Remittance Section



010000367880655069317110000000000210740706182

Cust #	:	03678806
Invoice #	:	55069317
Invoice Date	:	07/06/18
Amount	:	210.74
Terms	:	Invoice Date + 30 days
Due Date	:	08/05/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 49 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55092417
Invoice Date	:	07/09/18
Amount	:	168.59
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/09/18	Sls Ord # : 65067873
Cust P O # : 780-381	Ship Via : United Parcel Zone 4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1048415	1	0	Case	Tip Disp Macroview Otoscope 23810/238	157.5600	157.56	T
** special contract price **							
<p>This is a backordered shipment for order:65067873 original invoice:54595226 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</p>							

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	157.56
Tax	11.03
Shipping and/or Handling	0.00
Total Amount	168.59

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

Remittance Section



010000367880655092417110000000000168590709188

Cust #	:	03678806
Invoice #	:	55092417
Invoice Date	:	07/09/18
Amount	:	168.59
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

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 #	:	55133365
Invoice Date	:	07/09/18
Amount	:	20.77
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Gastroenterology
785 Ohio Ave Ste 3E
Richard Brownstein
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 07/09/18	Sls Ord # : 65600664
Cust P O # : 782-189	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/09/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1126075	1	0	Ea	Pocket Sphyg Pro LF Black Lg Adlt S	19.4100	19.41	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	19.41
Tax	1.36
Shipping and/or Handling	0.00
Total Amount	20.77

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

Remittance Section



010000367880655133365110000000000020770709187

Cust #	:	03678806
Invoice #	:	55133365
Invoice Date	:	07/09/18
Amount	:	20.77
Terms	:	Invoice Date + 30 days
Due Date	:	08/08/18

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 #	:	55265824
Invoice Date	:	07/12/18
Amount	:	198.66
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65744755
Cust P O # : 780-383	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1475579	1	0	Ea	CTRL Sol Contour Low 2.5mL Go to your online account to retrieve this MSDS/SDS, 105I222 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.5400	4.54	T
1478283	1	0	Ea	Contour High Control 2.5mL Go to your online account to retrieve this MSDS/SDS, 105J110 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.5400	4.54	T
1099989	1	0	Ea	Coaguchek XS Plus PT Controls Hi&Lo Go to your online account to retrieve this MSDS/SDS, 105W808 - If you can't access online options, call 1-800-472-4346. ** special contract price **	72.6000	72.60	T
1126841	1	0	6/Bx	Urispec Urine Dipper Control 15mL	69.1200	69.12	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



010000367880655265824110000000000198660712183

Cust #	:	03678806
Invoice #	:	55265824
Invoice Date	:	07/12/18
Amount	:	198.66
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

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 #	:	55265824
Invoice Date	:	07/12/18
Amount	:	198.66
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65744755
Cust P O # : 780-383	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/12/18
		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	34.8600	34.86	T
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	185.66
Tax	13.00
Shipping and/or Handling	0.00
Total Amount	198.66



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55262171
Invoice Date	:	07/12/18
Amount	:	798.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65721077
Cust P O # : 768-44HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3820014	1	0	25/Pk	Solu-Medrol 1mL Act-O-Vial PF 40mg ** special contract price** NDC#: 00009003928 M2 - See message below for DSCSA compliance details	130.2700	130.27	
1146587	1	0	100/Bt	Nifedipine Capsules 10mg ** special contract price** NDC#: 43386044024 MN - See message below for DSCSA compliance details	31.0700	31.07	
5467789	1	0	10/Pk	Adacel Tdap Ado/Adt SDV .5ml ** special contract price** NDC#: 49281040010 M2 - See message below for DSCSA compliance details	439.3000	439.30	
1099989	1	0	Ea	Coaguchek XS Plus PT Controls Hi&Lo Go to your online account to retrieve this MSDS/SDS, 105W808 - If you can't access online options, call 1-800-472-4346.	72.6000	72.60	T
1478283	1	0	Ea	Contour High Control 2.5mL ** special contract price**	4.5400	4.54	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



010000367880655262171110000000000798700712188

Cust #	:	03678806
Invoice #	:	55262171
Invoice Date	:	07/12/18
Amount	:	798.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

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 #	:	55262171
Invoice Date	:	07/12/18
Amount	:	798.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/11/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/12/18	Sls Ord # : 65721077
Cust P O # : 768-44HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1475579	1	0	Ea	CTRL Sol Contour Low 2.5mL Go to your online account to retrieve this MSDS/SDS, 105J110 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.5400	4.54	T
1246157	1	0	100/Bt	Clonidine HCL Tablets 0.1mg Go to your online account to retrieve this MSDS/SDS, 105I222 - If you can't access online options, call 1-800-472-4346. ** special contract price **	1.3100	1.31	
9083787	1	0	5ml/VI	Depo-Medrol Inj MDV 80mg/mL ** special contract price ** NDC#: 29300013501 WH - See message below for DSCSA details. This item is non-returnable	75.1600	75.16	
6350274	1	0	Ea	Blood Pressure Monitor Advanced ** special contract price ** NDC#: 00009030602 M2 - See message below for DSCSA compliance details	31.9500	31.95	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. 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.
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.
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
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	790.74
Tax	7.96
Shipping and/or Handling	0.00
Total Amount	798.70



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55313110
Invoice Date	:	07/16/18
Amount	:	53.39
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

Cust # : 03678806	Ship Date : 07/16/18	Sls Ord # : 65796877
Cust P O # : 777-168	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/13/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9596851	1	0	48/Bx	ChloraPrep Swabstick Single 1.75mL	27.6600	27.66	T
	** special contract price** NDC#: 54365040007						
7779909	2	0	4/Bx	Micropore Paper Tape 3"x10yd	3.5100	7.02	T
	Go to your online account to retrieve this MSDS/SDS, 1058094 - If you can't access online options, call 1-800-472-4346.						
	** special contract price**						
7777936	2	0	6/Bx	Micropore Paper Tape Disp 2"x10yd	4.1000	8.20	T
	** special contract price**						
7779382	2	0	6/Bx	Micropore Surgical Tape White 2"x10yd	3.5100	7.02	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. 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	49.90
Tax	3.49
Shipping and/or Handling	0.00
Total Amount	53.39

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

Remittance Section



01000036788065531311011000000000053390716189

Cust #	:	03678806
Invoice #	:	55313110
Invoice Date	:	07/16/18
Amount	:	53.39
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

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 #	:	55262173
Invoice Date	:	07/16/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

Cust # : 03678806	Ship Date : 07/16/18	Sls Ord # : 65721077
Cust P O # : 768-44HS	Ship Via : Drop Ship	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	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.
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.
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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



010000367880655262173110000000000181270716186

Cust #	:	03678806
Invoice #	:	55262173
Invoice Date	:	07/16/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	08/15/18

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 #	:	55457145
Invoice Date	:	07/19/18
Amount	:	424.15
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Specialty Care
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

STATE REG#: 21908

Cust # : 03678806	Ship Date : 07/19/18	Sls Ord # : 65938388
Cust P O # : 771-265	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1243827	1	0	30/Bx	Albut Inh Soln Indiv Wrap 3mL 0.83mg/3m NDC#: 76204020001 Go to your online account to retrieve this MSDS/SDS, 105AU62 - If you can't access online options, call 1-800-472-4346. ** special contract price **	4.6700	4.67	
1198236	1	0	60/Bx	Ipratropium Brom Inh Sol 2.5mL 0.02% NDC#: 00591379860 Go to your online account to retrieve this MSDS/SDS, 105O852 - If you can't access online options, call 1-800-472-4346. ** special contract price **	6.1200	6.12	
1066626	1	0	Ea	Scale Professional Digital M2 - See message below for DSCSA compliance details ** special contract price **	341.2400	341.24	T
2770377	1	0	30/Bx	Budesonide Inh Susp 2mL 0.5Mg NDC#: 00093681673 ** special contract price **	48.2300	48.23	

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



010000367880655457145110000000000424150719180

Cust #	:	03678806
Invoice #	:	55457145
Invoice Date	:	07/19/18
Amount	:	424.15
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

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 #	:	55457145
Invoice Date	:	07/19/18
Amount	:	424.15
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Specialty Care
785 Ohio Ave Ste 2H
Vikram Beemidi
Clarksdale MS 386146216

STATE REG#: 21908

Cust # : 03678806	Ship Date : 07/19/18	Sls Ord # : 65938388
Cust P O # : 771-265	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				WH - See message below for DSCSA details. This item is non-returnable THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST 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. 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. 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. 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 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	400.26
Tax	23.89
Shipping and/or Handling	0.00
Total Amount	424.15



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	55265826
Invoice Date	:	07/19/18
Amount	:	62.00
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

Cust # : 03678806	Ship Date : 07/19/18	Sls Ord # : 65744755
Cust P O # : 780-383	Ship Via : Drop Ship	Sls Ord Dt : 07/12/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1275526	1	0	Ea	Control Set Hemoglobin 3x2ml	44.9400	44.94	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	44.94
Tax	4.06
Shipping and/or Handling	13.00
Total Amount	62.00

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

Remittance Section



010000367880655265826110000000000062000719183

Cust #	:	03678806
Invoice #	:	55265826
Invoice Date	:	07/19/18
Amount	:	62.00
Terms	:	Invoice Date + 30 days
Due Date	:	08/18/18

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 #	:	55529846
Invoice Date	:	07/20/18
Amount	:	157.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/19/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Primary Care
785 Ohio Ave Ste 2D
Nikki Cager
Clarksdale MS 386146216

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/20/18	Sls Ord # : 66024324
Cust P O # : 768-46HS	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9081188	2	0	10ml/VI	Depo-Medrol Inj MDV 40mg/ml	78.8500	157.70	
** special contract price** NDC#: 00009028003							
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. 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	157.70
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	157.70

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

Remittance Section



010000367880655529846110000000000157700720187

Cust #	:	03678806
Invoice #	:	55529846
Invoice Date	:	07/20/18
Amount	:	157.70
Terms	:	Invoice Date + 30 days
Due Date	:	08/19/18

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 #	:	55718325
Invoice Date	:	07/27/18
Amount	:	34.22
Terms	:	Invoice Date + 30 days
Due Date	:	08/26/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

STATE REG#: 23955

Cust # : 03678806	Ship Date : 07/27/18	Sls Ord # : 66190712
Cust P O # : 784-293HS	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/26/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9875529	1	0	100/Bx	Eclipse Safety Needle 25gX1.5"	16.4900	16.49	T
	** special contract price **						
7198272	2	0	20gm/Tb	Silvadene Cream 1%	8.2900	16.58	
	** special contract price ** NDC#: 61570013120						
	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. 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	33.07
Tax	1.15
Shipping and/or Handling	0.00
Total Amount	34.22

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

Remittance Section



010000367880655718325110000000000034220727183

Cust #	:	03678806
Invoice #	:	55718325
Invoice Date	:	07/27/18
Amount	:	34.22
Terms	:	Invoice Date + 30 days
Due Date	:	08/26/18

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 #	:	55798236
Invoice Date	:	07/30/18
Amount	:	15.32
Terms	:	Invoice Date + 30 days
Due Date	:	08/29/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale General Surgery
785 Ohio Ave Ste 3G
Jaiyeola Adeleye
Clarksdale MS 386146215

STATE REG#: 18718

Cust # : 03678806	Ship Date : 07/30/18	Sls Ord # : 65796877
Cust P O # : 777-168	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 07/13/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1024486	2	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml NDC#: 63323016530 Go to your online account to retrieve this MSDS/SDS, 105M059 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	7.6600	15.32	

This is a backordered shipment for order:65796877 original invoice:55337721
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	15.32
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	15.32

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

Remittance Section



01000036788065579823611000000000015320730185

Cust #	:	03678806
Invoice #	:	55798236
Invoice Date	:	07/30/18
Amount	:	15.32
Terms	:	Invoice Date + 30 days
Due Date	:	08/29/18

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 #	:	56139249
Invoice Date	:	08/09/18
Amount	:	2,853.23
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Campbell Family Clinic
580 Friars Point Rd
Vernon Hughes
Clarksdale MS 386149734

STATE REG#: 13620

Cust # : 03678806	Ship Date : 08/09/18	Sls Ord # : 66645105
Cust P O # : HSI_77609889	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 08/08/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5464958	1	0	5/Pk	Adacel Tdap Ado/Adt PFS .5ml ** special contract price** NDC#: 49281040015 M2 - See message below for DSCSA compliance details	162.6800	162.68	
5465976	1	0	5/Pk	Menactra Meningitis All Sdv .5ml ** special contract price** NDC#: 49281058905 M2 - See message below for DSCSA compliance details	477.9400	477.94	
5580044	1	0	10/Pk	Gardasil 9 Hpv PFS 0.5ml ** special contract price** NDC#: 00006412102 M2 - See message below for DSCSA compliance details	2,212.6100	2,212.61	

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	2,853.23
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	2,853.23

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

Remittance Section



010000367880656139249110000000002853230809189

Cust #	:	03678806
Invoice #	:	56139249
Invoice Date	:	08/09/18
Amount	:	2,853.23
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

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 #	:	55718326
Invoice Date	:	08/09/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

Address Service Requested

Bill To:

Page 1 of 2

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
DePorres Health Center
411 Poplar St
Nikki Cager
Marks MS 386461338

Cust # : 03678806	Ship Date : 08/09/18	Sls Ord # : 66190712
Cust P O # : 784-293HS	Ship Via : Drop Ship	Sls Ord Dt : 07/26/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3950233	1	0	25/Bx	iCup Dx Pro	169.4100	169.41	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	169.41
Tax	11.86
Shipping and/or Handling	0.00
Total Amount	181.27

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

Remittance Section



010000367880655718326110000000000181270809186

Cust #	:	03678806
Invoice #	:	55718326
Invoice Date	:	08/09/18
Amount	:	181.27
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/18

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 #	: 56210722
Invoice Date	: 08/10/18
Amount	: 563.48
Terms	: Invoice Date + 30 days
Due Date	: 09/09/18

Address Service Requested

Bill To:

Page 1 of 3

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:
Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
John Speco
Clarksdale MS 386146213

STATE REG#: 23479

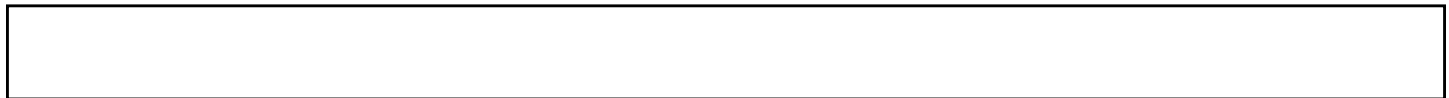
Cust # : 03678806	Ship Date : 08/10/18	Sls Ord # : 66724911
Cust P O # : 774-403	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 08/10/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1284493	5	0	5ml/Vl	Celestone Soluspan Inj MDV 6mg/ml ** special contract price** NDC#: 00085432001 M2 - See message below for DSCSA compliance details	34.2300	171.15	
1182689	2	0	50/Ca	Shorts MediShorts Exam Blue LF XXL-3XL D ** special contract price**	46.9700	93.94	T
1127069	5	0	16oz/Ea	Hydrogen Peroxide 3% ** special contract price**	0.4400	2.20	T
1016311	2	0	100/Ca	Pillowcase Tissue-Poly White 21"x30" ** special contract price**	14.9400	29.88	T
9596851	1	0	48/Bx	ChloraPrep Swabstick Single 1.75mL ** special contract price** NDC#: 54365040007	27.6600	27.66	T
6020035	3	0	100/Bx	Prevantics Swab 2.5x2.5 1.0mL ** special contract price**	10.1000	30.30	T
1093129	3	0	50/Ca	Boxer Shorts Male Unisize ** special contract price**	22.8000	68.40	T
9004476	2	0	100/Bx	Syringe w/o Needle LL 10mL ** special contract price**	5.1000	10.20	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



010000367880656210722110000000000563480810186

Cust #	: 03678806
Invoice #	: 56210722
Invoice Date	: 08/10/18
Amount	: 563.48
Terms	: Invoice Date + 30 days
Due Date	: 09/09/18

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05682 Claim 11-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 66 of 68



Corporate Office
135 Duryea Road
Melville, NY 11747

Customer Service
1-800-472-4346

Invoice

Invoice #	:	56210722
Invoice Date	:	08/10/18
Amount	:	563.48
Terms	:	Invoice Date + 30 days
Due Date	:	09/09/18

Address Service Requested

Page 2 of 3

Bill To:

Clarksdale Regional Physicians, LLC
785 Ohio Ave Ste 3B
Attn: Kay Kirksey
Clarksdale, MS 386146215

Ship To / Sold To:

Clarksdale Orthopedics And Sports Me
785 Ohio Ave Ste 1H
John Specia
Clarksdale MS 386146213

STATE REG#: 23479

Cust # : 03678806	Ship Date : 08/10/18	Sls Ord # : 66724911
Cust P O # : 774-403	Ship Via : UPS Jackson MS Sort Zone3	Sls Ord Dt : 08/10/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9004475	** special contract price	3	0	100/Bx Syringe w/o Needle LL Sterile 3cc	3.1100	9.33	T
1125515	** special contract price	3	0	1/Rl Synthetic Stockinette White 4"x25yds	7.9800	23.94	T
9004642	** special contract price	3	0	10/Bx Fiberglass Casting Tape 3"x4Yd Black	21.4900	64.47	T
1126133	** special contract price	5	0	100/Bx Bandage Adhsv Strip Fabric LF 1"x3"	1.2700	6.35	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. 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	537.82
Tax	25.66
Shipping and/or Handling	0.00
Total Amount	563.48

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; 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

E-Mail: 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

E-Mail: 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

E-Mail: 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 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-05682 Clarksdale Regional Physicians, LLC](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<p><i>Creditor:</i> (6728612) HENRY SCHEIN 135 DURYE A ROAD MELVILLE, NY 11747</p>	<p>Claim No: 11 <i>Original Filed</i> Date: 01/21/2019 <i>Original Entered</i> Date: 01/21/2019 <i>Last Amendment</i> Filed: 01/21/2019 <i>Last Amendment</i> Entered: 01/21/2019</p>	<p><i>Status:</i> Filed by: CR Entered by: admin Modified: 01/21/2019</p>
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Amount claimed: \$16555.75

History:

- [Details](#) [11-1](#) 01/21/2019 Claim #11 filed by HENRY SCHEIN, Amount claimed: \$18183.88 (admin)
- [Details](#) [11-2](#) 01/21/2019 Amended Claim #11 filed by HENRY SCHEIN, Amount claimed: \$16555.75 (admin)

Description:

Remarks: (11-1) Account Number (last 4 digits):8806
(11-2) Account Number (last 4 digits):8806

Claims Register Summary

Case Name: Clarksdale Regional Physicians, LLC
Case Number: 3:18-bk-05682
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$16555.75
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		