

INVOICE

Bill to
Wells Nursing Facility
3422 E. Colonial
Orlando, FL 32803
(407)213-4344

Invoice Date: 10/28/2008

Reference #	Client Name	Equipment / Service Serial Number	Date of Service	Quantity	Total Billed
173	Hill, John 53	STANDARD WHEELCHAIR	10/8/2008	24	240.00
174	Beck, Bruce 54	HOSPITAL BED, SEMI-ELECTRIC (HEAD ANI	10/16/2008	16	320.00
174	Beck, Bruce 54	STANDARD WHEELCHAIR	10/16/2008	16	160.00
175	Linder, April 55	STANDARD WHEELCHAIR	10/20/2008	12	120.00
175	Linder, April 55	HOSPITAL BED, SEMI-ELECTRIC (HEAD ANI	10/20/2008	12	240.00
176	Haist, Larry 56	Ensure - Vanilla	10/1/2008	310	235.60
177	Saylor, Tom 57	Ensure - Vanilla	10/3/2008	310	235.60
177	Saylor, Tom 57	HOSPITAL BED, SEMI-ELECTRIC (HEAD ANI	10/3/2008	29	580.00
177	Saylor, Tom 57	STANDARD WHEELCHAIR	10/3/2008	29	290.00

Total Amount Due:	2,421.20
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Please Send Payment to:

DME Works! Medical
2022 Nebraska Street
Orlando, FL 32803
(866)363-9679 ext707

Amount Paid:

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