



**Order On-Line**  
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Danlee Medical Products, Inc.1  
 Bldg. 5  
 6075 East Molloy Road  
 Syracuse, NY 13211  
 USA

Voice: 315-431-0143  
 Fax: 315-431-0149

**Invoice**  
 Invoice Number:  
 210169

**Invoice Date:**  
 May 2, 2025

**Sales Order Number:**  
 197698  
**Page:**  
 1

**Sold To:**  
 NORTHSHORE MEDICAL CENTER  
 10 FENTON DR  
 ATTN: KYJUAN BROWN  
 PEMBROKE HM17  
 BERMUDA

**Ship to**  
 KYJUAN BROWN  
 110 NEWFIELD AVE  
 C/O GTS SERVICES  
 EDISON, NJ 08837  
 UNITED STATES

Customer ID	Customer PO	Payment Terms		
NOR102XX-W0315		Prepaid/CHARGE		
Sales Rep ID	Shipping Method	Ship Date	Due Date	
XX2	UPS GROUND	5/2/25	5/2/25	
Quantity	Item	Description	Qty Backordere	Unit Price
1,500.00	EML00S	ELEC MEDT PAPER OFFSET 1/25/500/1000  Ship-Via: UPS GROUND 05/02/2025 LBS Master Tracking # 41.00 1ZE131600306919585 Total # Packages 1  LOT#: 1001125482 EXP: 01/2027		0.3900 585.00

**QUESTIONS ABOUT THIS ORDER?**

Please contact: Danlee Customer Service  
 1-800-433-7797 or email [customerservice@danleemedical.com](mailto:customerservice@danleemedical.com)

If sales and/or use tax is owed and was not charged on this invoice, please pay taxes direct to the applicable state

Subtotal	585.00
Sales Tax	41.29
Freight	38.14
Total Invoice Amoun	664.43
Payment Received	664.43
<b>TOTAL</b>	<b>0.00</b>

Please send below notifications to [claims@danleemedical.com](mailto:claims@danleemedical.com)  
 SHORTAGES & DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS OF RECEIPT OF ORDER  
 DAMAGES MUST BE REPORTED WITHIN 48 HOURS OF RECEIPT OF SHIPMENT  
 NO CREDITS WILL BE ISSUED AFTER TIMES SPECIFIED ABOVE  
 To view our entire Return Policy visit our website [www.danleemedical.com](http://www.danleemedical.com)