



## Order On-Line

[www.danleemedical.com](http://www.danleemedical.com)



[www.facebook.com/danleefamily](https://www.facebook.com/danleefamily)

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:  
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### 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     | Extension |
| 1,500.00       | EML00S | ELEC MEDT PAPER OFFSET<br>1/25/500/1000<br><br>Ship-Via: UPS GROUND<br>05/02/2025<br>LBS Master Tracking #<br>41.00 1ZE131600306919585<br>Total # Packages 1<br><br>LOT#: 1001125482 EXP:<br>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 direc  
to the applicable state

Check No 4036062475

|                     |             |
|---------------------|-------------|
| 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)