

HENRY SCHEIN®
 CORPORATE OFFICE
 135 Duryea Road • Melville, NY 11747
 1.800.472.4346
 www.henryschein.com

SHIP TO:03828663
 Heartland Health Center Dental
 2116 W Faidley Ave
 Suite 2100/ Rafaila Ramirez
 Grand Island, NE 68803-4645

BILL TO:03828662
 Heartland Health Center
 2116 W Faidley Ave
 Suite 2100
 Grand Island, NE 68803-4602

EQUIPMENT INVOICE

455 2 MB 0.561 E0069 I0506 D11579651803 S2 P9830527 0006:0009



HEARTLAND HEALTH CENTER
 2116 W FAIDLEY AVE STE 2100
 GRAND ISLAND NE 68803-4602

REFERENCE#	44180061
INVOICE#	48903741
INVOICE DATE	08/01/2023
FED ID# 11-3136595 DUNS#01-243-0880	
CENTER	HSD-OMAHA, NE c/o I-
ORDER#	EQ23071200134
CUSTOMER PO	071223
BALANCE DUE	\$9224.00

Please detach here and mail above with your payment.

LINE#	ITEM#	DESCRIPTION	TAX	QTY	UNIT PRICE	TOTAL PRICE
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SR Type: New Office

jk/in

NET 30 DAYS FROM INVOICE DATE jk071223

1	8440018	DENTAL IMAGI Pkgd Sys, NOMAD Pro2, White S/N: 230724000192		1	6099.00	6099.00
2	8440018	DENTAL IMAGI Pkgd Sys, NOMAD Pro2, White S/N: 230724000193		1	3049.00	3049.00

Heartland Health Center, Inc.

Received By: jk Date: 8/15/23
 Entered By: _____ Date: _____
 Approved By: _____ Date: _____
 Paid By: _____ Date: _____

REFERENCE# 44180061	Customer Service 1-800-645-6594	Labor	.00
INVOICE# 48903741	Option 1 for Equipment; Option 5 for Credit and Billing	Equipment & Parts	9148.00
INVOICE DATE 08/01/2023		SUB TOTAL	9148.00
ORDER# EQ23071200134	For Terms of Sale please visit: https://henryscheinequipmentcatalog.com/terms-conditions	Shipping & Handling	76.00
Please remit payments to: Henry Schein, Inc. Dept CH 10241 Palatine, IL 60055-0241		Tax	
		ORDER TOTAL	9224.00
		Less Deposit	
Page: 1		BALANCE DUE	\$9224.00