QUOTE#

20150118105534774

DENTAL					20130110103334774					
					Date: Acct No:		Install Date:			
								Sales Specialist: Roy Dickson		
	(800) 645-659				tion Address: Felice Ave					
Bill To:	Dr. David Grove			City: I	as Vegas		State: NV		Zip: 89135	
Address: 10365 Felice Ave		Phone:	Phone: 7022788700 Fax:							
City:	Las Vegas	State: NV	Zip: 89135	5 New Acct: Existing Acct:						
Deliver To	Dr. David Grove					Henry Sci	nein Dental			
Phone: 7022788700			7140 Dean Martin Dr., Suite 300							
Fax:				City:	Las Vegas	State:	NV	Zip:	89118	
Email:			Phone: 702 895-9921 Fax: 702 895-9934			34				

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
1	COMPRE	170-9748	Pro-cartII Self-Cont. unit	\$8,816.79	\$7,709.00	\$7,709.00
2	KAVO	628-0757	SMARTtorque S619 C	\$648.99	\$568.00	\$1,136.00
1	KAVO	628-7944	MULTIflex Coupler 457	\$257.99	\$230.00	\$230.00
2	KAVO	628-9657	INTRAmatic 19E Prophy Head	\$479.49	\$446.00	\$892.00
2	KAVO	628-7568	INTRAmatic 10E Straight	\$509.99	\$472.00	\$944.00
1	KAVO	628-1174	INTRAmatic 181K Air Motor	\$709.99	\$0.00	\$0.00
			First Qtr Special			
1	KAVO	628-8839	INTRAmatic 20E Push Button	\$569.99	\$533.00	\$533.00
•	Henry Schein Financ	cial Services	Cash/Bank Financing		Subtotal:	\$11,444.00
SSN*:			SSN*: 571-52-8371		Freight:	\$75.00
DOB:			Bank Name:		8.100% Tax:	\$933.04
Credit	t Card #:		Bank Officer:	Discount: \$2	2,187.70 Total:	\$12,452.04
Expira	ation:		Bank Phone:		Deposit:	\$0.00
VIII.			SCHEIN DENTAL TERMS AND CONDITIONS AND ANY		Balance Due:	\$12,452.04

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.

Payment Terms: Minimum 10% deposit to initiate order with balance to be paid on the delivery of equipment or , whichever occurs first.

x	Х		
Purchaser's Signature	Date	Sales Specialist	Date
Prices are in effect until	Acceptance by Henry Sch	ein Dental	Date

Special Instructions

QUOTE#

20150224083331243

HENRY SCHEIN®
DENTAL

	HENRY	SCHEI	$N^{\scriptscriptstyle{\textcircled{\tiny{\$}}}}$	Date: 2/24/2	015	Acct No: 2529814		Inst	all Date:
DENTAL 135 Duryea Road, Melville, New York 11747 (800) 645-6594				Field Sales Consultant: Sales Specialist: Julie Salerno Roy Dickson Installation Address: 10365 Felice Ave				Sales Specialist: Roy Dickson	
Bill To:	Bill To: Dr. David Grove			City: Las Vegas Sta		State: N	State: NV Zip: 89		
Address:	Address: 10365 Felice Ave			Phone: 7022788700 Fax:					
City:	Las Vegas	State: NV	Zip: 89135	New Acct: Existing Acc			Acct:	ct:	
Deliver To	Dr. David Grove					Henry S	chein Denta	'	
Phone: 7022788700				7140 Dean Martin Dr., Suite 300)	
Fax:				City:	Las Vegas	State:	NV	Zip:	89118
Email:			Phone: 702 895-9921 Fax: 702 895-9934			934			

Qty	Manufacturer	Item Code	Description	Retail Price	Price		Total
1	DIGDOC	135-7384	Iris Camera Mac Version	\$6,595.00	\$5,09	5.00	\$5,095.00
2	DIGDOC	135-5052	Mac Integration Mobility Modul	\$995.00	\$95	0.00	\$1,900.00
1	DIGDOC	134-8400	GLO Extra-Oral Illum Ring	\$550.00	\$48	5.00	\$485.00
1	DIGDOC	134-7185	Sheaths for Iris Camera	\$159.49	\$	00.00	\$0.00
1	DIGDOC	134-8398	Digi-Wipes	\$87.29	\$	0.00	\$0.00
						-	
					-		
•	Henry Schein Financ	ial Services	☐ Cash/Bank Financing		Sı	ubtotal:	\$7,480.00
SSN*:			SSN*:			Freight:	\$0.00
DOB:			Bank Name:		8.100%	Tax:	\$605.88
Credit	Card #:		Bank Officer:	Discount: \$	1,901.78	Total:	\$8,085.88
Expira	tion:		Bank Phone:			Deposit:	\$0.00
					Balan	ce Due:	\$8,085.88
	THIS ORDER IS SU	IBJECT TO HENRY	SCHEIN DENTAL TERMS AND CONDITIONS AND ANY	SUPPLEMENTAL TERMS AND	D CONDITIO	NS PROVI	DED

WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY. Payment Terms: Minimum 10% deposit to initiate order with balance to be paid on the delivery of equipment or , whichever occurs first.

×	Х		
Purchaser's Signature	Date	Sales Specialist	Date
Prices are in effect until	Acceptance by Henry Sch	ein Dental	Date

Special Instructions