

Sales Order Form # 1

Acme Corp
Street Address: 123512 Hammer Avenue
City Address: San Diego
State Address: CA
ZipCode: 124121
Email: brendan@connectsx.com
Phone: 1231253251
Fax: 1235123521

Ship Replenishment To

Name: Bryan Rep Lewis

Address: 12351 Red Street

City: Detroit **State:** MI **Postal Code:** 123561

Billed To	Shipped To
Name/Org: Brendan Billings	Facility: Northwestern Hospital
Phone: N/A	Contact: Brendan Sweeney
Phone Extension: N/A	Phone: 1235123512
Email: brendan+billingcontact@connectsx.com	Phone Extension: N/A
Address: N/A	Address: 1325413 Ridge lane
City: N/A State: N/A Postal Code: N/A	City: Evanston State: N/A Postal Code: 60422
	Transfer ID: #1

Event Details

Rep Name: Bryan Rep Lewis	Type: CASE
Rep Phone: 2141235213	PO Date: N/A
Rep Email: Bryan+acmerek@connectsx.com	PO#: N/A

Case Details

Case Date: 02/01/2023	Physician Name: Mantis Tobagan	Patient ID: 1231523	Event ID: 1
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Usage Information

Description	Catalog #	Container	Lot/Serial/UDI	Qty	Price/Unit	Total
Total Hip Replacement Socket Component - large	thr-socket-lrg	N/A	Lot: lot20220419a Serial: N/A (01)thrsocketlrg (17)230801(10) UDI: lot20220419a	2	\$ 3000.0	\$ 6000.0

Price adjustments

Description	Adjustment Amount
Rental Charge	\$ 200.0

Order Summary	
Subtotal	\$ 6000.0
Other	\$ 200.0
Grand total	\$ 6200.0



Jane Smith
Authorized Provider Signature



Brendan Sweeney
Representative Name/Signature