

Sales Order Form for CASE #1194 on 2024/12/18



**Acme Corp**  
93077 W 191st Street  
Mokena, IL 60448  
**Phone:** 407-252-9016  
**Email:** [manu01@manu01.com](mailto:manu01@manu01.com)  
**Fax:** 407-252-1016



Purchase Order Details
PO Date: 01/08/2025
10589578 Canada Inc. PO #: 123
Internal Org PO #: 123
Codeit.org PO #: 123

**The Company**  
60 William Street  
Wellesley, MA 02418  
**Phone:** 407-252-9017  
**Email:** [manu02@manu02.com](mailto:manu02@manu02.com)  
**Fax:** N/A

Ship Replenishment To

**Bryan Rep Lewis** 123 Reps Trunk Way, Peoria, IL, 61525

Billed To	Shipped To
<b>Bryan Billing Lewis</b> 123 Dogwood St Park Forest, IL 60466 <b>Email:</b> <a href="mailto:bryan+billing@connectsx.com">bryan+billing@connectsx.com</a> <b>Phone:</b> 616-321-8936 <b>Ext:</b> 17	<b>Cypress_Facility YYY</b> <b>Bryan Shipping Lewis</b> 123 4 Mile Rd Grand Rapids, MI 49503 <b>Phone:</b> 616-321-1231 <b>Ext:</b> 123

Event Details	
<b>Date:</b> 2024/12/18 <b>Type:</b> CASE <b>MRN/Case ID:</b> N/A <b>Physician:</b> Frank N Stein <b>Procedure:</b> Total Knee Replacement	<b>Event ID:</b> 1194 <b>Rep:</b> Bryan Rep Lewis <b>Phone:</b> 616-456-2600 <b>Email:</b> <a href="mailto:bryan+acmerek@connectsx.com">bryan+acmerek@connectsx.com</a>

Usage Information

Description/Spec	SKU / Lot / Expiration	Container	Qty	Price/Unit	Total
pack 08.19.24	Pack catalog 16 identifier? <b>Expires: 2026-08-31</b>	N/A	1	\$500.00	\$500.00
TASKCATAL in pack NOT CONSUMED	TASKCATAL N/A	Container 001	1		
Pedicle screw kit 2 x (05.0 x 35 mm)	SC-50-35-PE N/A	NeoPSK1	1	\$0.00	\$0.00
test pack	Pack catalog 16 N/A	N/A	1	\$125.00	\$125.00
pack item 01 * CONSUMED *	TASKCATAL 4321	N/A	1		

Price Adjustments

Description	Adjustment Amount
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PA for test

\$50.00

## Order Summary

Sub Total	\$625.00
Other	\$50.00
Total	\$675.00

*Signature*

Hospital Rep  
Authorized Provider Signature

*Bryan Lewis*

Bryan Lewis  
Representative Name/Signature

## Patient Sticker

MRN: 000000000      DOS: 2/1/2017  
NAME: ZTESTLAB  
DOB: 8/16/2001      15 Y      Male  
CSN: 1800200151440



No att. Providers found  
General Surgery  
VUH MOR  
MAINOR



## Device Labels

<b>REF</b>	254816	<b>MD</b>	CLIMPLANT <sup>®</sup> Screw 9 x 23 mm
<b>LOT</b>	DEP2445	<b>CLIN<sup>®</sup></b>	Material: PEEK
	2026-03-29		
<b>REF</b>	254816		
<b>LOT</b>	DEP2445		0123
	2026-03-29		
<b>UDI</b>	 (01)254816(17)260329(10)DEP2445001(21)00001		

beacon.com

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ACME INC.



25816

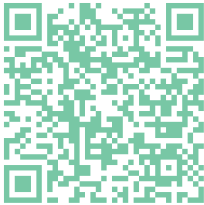


DEP2445001

INTRAFIX ADVANCE PEEK Screw 9 × 23 mm



(01)254816(17)260329(10)DEP2445001(21)00001



[Submit PO#](#)

You can submit your PO # for this case by using your phone`s camera to scan this QR code.  
You will be taken to a page where you can review the order and add a PO #.  
Thank you.

Event Notes

2025-02-11 09:00 AM Admin	Event scheduled successfully.
2025-02-11 10:00 AM Representative	Replenishment request processed.