



# CITY OF EL PASO BID TABULATION



BID ITEM: DENTAL SUPPLIES		BID # 2014-337	
BID DATE: MAY 28, 2014		DEPARTMENT: PUBLIC HEALTH	
		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>	
<b>ITEM DESCRIPTION</b>		<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>
ITEM	BURS AND CROWNS (CATALOG)	NET <input type="checkbox"/>	NET <input type="checkbox"/>
1:		- <u>20.1</u> % DISCOUNT <input checked="" type="checkbox"/>	- <u>18</u> % DISCOUNT <input checked="" type="checkbox"/>
		+ _____ % MARKUP <input type="checkbox"/>	+ _____ % MARKUP <input type="checkbox"/>
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<u>DENTSERVE 2013-2014</u>	<u>HENRY SCHEIN CATALOG</u>
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>	<u>DENTAL CATALOG</u> <u>2014</u>
TYPE OF PRICE LIST		<input type="checkbox"/>	<input type="checkbox"/>
WHOLESALER		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DISTRIBUTOR		<input type="checkbox"/>	<input type="checkbox"/>
JOBBER		<input type="checkbox"/>	<input type="checkbox"/>
DEALER		<input type="checkbox"/>	<input type="checkbox"/>
RETAILER		<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____		<input type="checkbox"/> _____	<input type="checkbox"/> _____

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APPROVED BY: \_\_\_\_\_ /s/

DATE: 6/4/2014



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 BID DATE: MAY 28, 2014 DEPARTMENT: PUBLIC HEALTH

	AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>	
<b>ITEM DESCRIPTION</b>		<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>
ITEM	BURS AND CROWNS (ALTERNATE PRICE LIST)	NET <input type="checkbox"/>	NET <input type="checkbox"/>
2:		- <u>20.1</u> % DISCOUNT <input checked="" type="checkbox"/>	- <u>20</u> % DISCOUNT <input checked="" type="checkbox"/>
		+ ____ % MARKUP <input type="checkbox"/>	+ ____ % MARKUP <input type="checkbox"/>
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<u>DENTSERVE 2013-2014</u>	<u>HENRY SCHEIN PRIVATE ITEMS</u>
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>	<u>DENTAL CATALOG</u> <u>2014</u>
TYPE OF PRICE LIST			
WHOLESALER		<input type="checkbox"/>	<input type="checkbox"/>
DISTRIBUTOR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
JOBBER		<input type="checkbox"/>	<input type="checkbox"/>
DEALER		<input type="checkbox"/>	<input type="checkbox"/>
RETAILER		<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____		<input type="checkbox"/> _____	<input type="checkbox"/> _____

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		<b>AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY</b>	<b>HENRY SCHEIN INC. MELVILLE, NY</b>	
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>		
<b>ITEM DESCRIPTION</b>		<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>
<b>ITEM 3:</b>	<b>INFECTION CONTROL (CATALOG)</b>	NET <input type="checkbox"/> - <u>20.1</u> % DISCOUNT <input checked="" type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>	NET <input type="checkbox"/> - <u>18</u> % DISCOUNT <input checked="" type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>	NET <input type="checkbox"/> - ____ % DISCOUNT <input type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<b><u>DENTSERVE 2013-2014</u></b>	<b><u>HENRY SCHEIN BRANDED DENTAL CATALOG</u></b>	
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>	<u>DENTAL CATALOG</u> <u>2014</u>	
<b>TYPE OF PRICE LIST</b> WHOLESALER DISTRIBUTOR JOBBER DEALER RETAILER OTHER _____		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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		<b>AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY</b>	<b>HENRY SCHEIN INC. MELVILLE, NY</b>	
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>		
<b>ITEM DESCRIPTION</b>		<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>
<b>ITEM 4:</b>	<b>INFECTION CONTROL (ALTERNATE PRICE LIST)</b>	NET <input type="checkbox"/> - <u>20.1</u> % DISCOUNT <input checked="" type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>	NET <input type="checkbox"/> - <u>20</u> % DISCOUNT <input checked="" type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>	NET <input type="checkbox"/> - ____ % DISCOUNT <input type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<b><u>DENTSERVE 2013-2014</u></b>	<b><u>HENRY SCHEIN PRIVATE ITEMS</u></b>	
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>	<u>DENTAL CATALOG</u> <u>2014</u>	
<b>TYPE OF PRICE LIST</b> WHOLESALER DISTRIBUTOR JOBBER DEALER RETAILER OTHER _____		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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		<b>AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY</b>	<b>HENRY SCHEIN INC. MELVILLE, NY</b>
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>	
<b>ITEM DESCRIPTION</b>		<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>
<b>ITEM</b>	<b>PREVENTATIVE AND CEMENTS (CATALOG)</b>	<b>NET</b> <input type="checkbox"/> <b>- 20.1 % DISCOUNT</b> <input checked="" type="checkbox"/> <b>+ ____ % MARKUP</b> <input type="checkbox"/>	<b>NET</b> <input type="checkbox"/> <b>- 18 % DISCOUNT</b> <input checked="" type="checkbox"/> <b>+ ____ % MARKUP</b> <input type="checkbox"/>
<b>5:</b>	<b>PREVENTATIVE AND CEMENTS (CATALOG)</b>	<b>NET</b> <input type="checkbox"/> <b>- ____ % DISCOUNT</b> <input type="checkbox"/> <b>+ ____ % MARKUP</b> <input type="checkbox"/>	<b>NET</b> <input type="checkbox"/> <b>- ____ % DISCOUNT</b> <input type="checkbox"/> <b>+ ____ % MARKUP</b> <input type="checkbox"/>
<b>Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)</b>		<u><b>DENTSERVE 2013-2014</b></u>	<u><b>HENRY SCHEIN BRANDED ITEMS</b></u>
<b>List Number _____ Dated _____</b>		<u><b>2013-2014</b></u> <u><b>1/1/2014</b></u>	<u><b>DENTAL CATALOG</b></u> <u><b>2014</b></u>
<b>TYPE OF PRICE LIST</b> <b>WHOLESALER</b> <b>DISTRIBUTOR</b> <b>JOBBER</b> <b>DEALER</b> <b>RETAILER</b> <b>OTHER _____</b>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> _____	<input type="checkbox"/> _____

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		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
PART A: PRICE LIST PRICING		PRICE ADJUSTMENT FACTOR		
ITEM DESCRIPTION		NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP	NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP	NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP
ITEM 6:	PREVENTATIVE AND CEMENTS (ALTERNATE PRICE LIST)	NET <input type="checkbox"/>	NET <input type="checkbox"/>	NET <input type="checkbox"/>
		- <u>20.1</u> % DISCOUNT <input checked="" type="checkbox"/>	- <u>20</u> % DISCOUNT <input checked="" type="checkbox"/>	- _____ % DISCOUNT <input type="checkbox"/>
		+ _____ % MARKUP <input type="checkbox"/>	+ _____ % MARKUP <input type="checkbox"/>	+ _____ % MARKUP <input type="checkbox"/>
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<u>DENTSERVE 2013-2014</u>	<u>HENRY SCHEIN PRIVATE LABEL</u>	
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>	<u>DENTAL CATALOG</u> <u>2014</u>	
TYPE OF PRICE LIST				
WHOLESALER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISTRIBUTOR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JOBBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RETAILER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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		<b>AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY</b>	<b>HENRY SCHEIN INC. MELVILLE, NY</b>	
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>		
<b>ITEM DESCRIPTION</b>		<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>
<b>ITEM</b>	<b>DENTAL INSTRUMENTS (CATALOG)</b>	<b>NET</b> <input type="checkbox"/> <b>- <u>22.1</u> % DISCOUNT</b> <input checked="" type="checkbox"/> <b>+ ____ % MARKUP</b> <input type="checkbox"/>	<b>NET</b> <input type="checkbox"/> <b>- <u>18</u> % DISCOUNT</b> <input checked="" type="checkbox"/> <b>+ ____ % MARKUP</b> <input type="checkbox"/>	<b>NET</b> <input type="checkbox"/> <b>- ____ % DISCOUNT</b> <input type="checkbox"/> <b>+ ____ % MARKUP</b> <input type="checkbox"/>
<b>Discount/Mark-up or Net proposed from the ____ Price List or Catalog (MANUFACTURER OR BRAND NAME)</b>		<u><b>DENTSERVE 2013-2014</b></u>	<u><b>HENRY SCHEIN BRANDED ITEMS</b></u>	
<b>List Number _____ Dated _____</b>		<u><b>2013-2014</b></u> <u><b>1/1/2014</b></u>	<u><b>DENTAL CATALOG</b></u> <u><b>2014</b></u>	
<b>TYPE OF PRICE LIST</b> <b>WHOLESALER</b> <b>DISTRIBUTOR</b> <b>JOBBER</b> <b>DEALER</b> <b>RETAILER</b> <b>OTHER _____</b>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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		<b>AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY</b>	<b>HENRY SCHEIN INC. MELVILLE, NY</b>
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>	
<b>ITEM DESCRIPTION</b>		<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>	<b>NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP</b>
<b>ITEM</b>	<b>DENTAL INSTRUMENTS (ALTERNATE PRICE LIST)</b>	<b>NET</b> <input type="checkbox"/> - <u>22.1</u> % DISCOUNT <input checked="" type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>	<b>NET</b> <input type="checkbox"/> - <u>20</u> % DISCOUNT <input checked="" type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>
<b>8:</b>		<b>NET</b> <input type="checkbox"/> - ____ % DISCOUNT <input type="checkbox"/> + ____ % MARKUP <input type="checkbox"/>	
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<u>DENTSERVE 2013-2014</u>	<u>HENRY SCHEIN PRIVATE LABEL</u>
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>	<u>DENTAL CATALOG</u> <u>2014</u>
<b>TYPE OF PRICE LIST</b> WHOLESALER <input type="checkbox"/> DISTRIBUTOR <input checked="" type="checkbox"/> JOBBER <input type="checkbox"/> DEALER <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER _____ <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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BID ITEM: DENTAL SUPPLIES		BID # 2014-337		
BID DATE: MAY 28, 2014		DEPARTMENT: PUBLIC HEALTH		
		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
PART A: PRICE LIST PRICING		PRICE ADJUSTMENT FACTOR		
ITEM DESCRIPTION		NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP	NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP	NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP
ITEM 9:	MISCELLANEOUS DENTAL SUPPLIES (not specifically listed in above categories but available in bidder's price list or catalog) (CATALOG)	NET <input type="checkbox"/>	NET <input type="checkbox"/>	NET <input type="checkbox"/>
		- <u>20.1</u> % DISCOUNT <input checked="" type="checkbox"/>	- <u>18</u> % DISCOUNT <input checked="" type="checkbox"/>	- _____ % DISCOUNT <input type="checkbox"/>
		+ _____ % MARKUP <input type="checkbox"/>	+ _____ % MARKUP <input type="checkbox"/>	+ _____ % MARKUP <input type="checkbox"/>
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<u>DENTSERVE 2013-2014</u>	<u>HENRY SCHEIN BRANDED</u>	
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>	<u>DENTAL CATALOG</u> <u>2014</u>	
TYPE OF PRICE LIST				
WHOLESALER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISTRIBUTOR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JOBBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RETAILER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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BID DATE: MAY 28, 2014		DEPARTMENT: PUBLIC HEALTH					
		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY		HENRY SCHEIN INC. MELVILLE, NY			
<b>PART A: PRICE LIST PRICING</b>		<b>PRICE ADJUSTMENT FACTOR</b>					
ITEM DESCRIPTION		NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP		NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP		NET <u>OR</u> % DISCOUNT <u>OR</u> MARKUP	
ITEM 10:	MISCELLANEOUS DENTAL SUPPLIES (not specifically listed in above categories but available in bidder's price list or catalog) (ALTERNATE PRICE LIST)	NET <input type="checkbox"/>		NET <input type="checkbox"/>		NET <input type="checkbox"/>	
		- <u>20.1</u> % DISCOUNT <input checked="" type="checkbox"/>		- <u>20</u> % DISCOUNT <input checked="" type="checkbox"/>		- _____ % DISCOUNT <input type="checkbox"/>	
		+ _____ % MARKUP <input type="checkbox"/>		+ _____ % MARKUP <input type="checkbox"/>		+ _____ % MARKUP <input type="checkbox"/>	
Discount/Mark-up or Net proposed from the _____ Price List or Catalog (MANUFACTURER OR BRAND NAME)		<u>DENTSERVE 2013-2014</u>		<u>HENRY SCHEIN PRIVATE</u>			
List Number _____ Dated _____		<u>2013-2014</u> <u>1/1/2014</u>		<u>DENTAL CATALOG</u> <u>2014</u>			
TYPE OF PRICE LIST							
WHOLESALER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
DISTRIBUTOR		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
JOBBER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
DEALER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
RETAILER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<b>PART B: SAMPLE PRICING</b>							
TWO (2) COPIES (EITHER HARDCOPY OR CD)		YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>	YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>
INCLUDED WITH THE BID PACKAGE.		YES <input type="checkbox"/>		NO <input type="checkbox"/>	YES <input type="checkbox"/>		NO <input type="checkbox"/>

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**BID ITEM: DENTAL SUPPLIES**

**BID # 2014-337**

**BID DATE: MAY 28, 2014**

**DEPARTMENT: PUBLIC HEALTH**

PART B: SAMPLE PRICING		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
<b>ITEM 1.</b>	<b>DESCRIPTION:</b>	CROSSTEX ULTRA SENSITIVE FACE MASKS LATEX FREE EARLOOP	CROSSTEX ULTRA SENSITIVE FACE MASKS LATEX FREE EARLOOP	CROSSTEX ULTRA SENSITIVE FACE MASKS LATEX FREE EARLOOP
	<b>MANUFACTURER PART NUMBER:</b>	GCFCXS HS 107-7191	GCFCXS HS 107-7191	GCFCXS HS 107-7191
	<b>BIDDER PART NUMBER:</b>	GCFCXS	107-7191	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$18.35	\$18.49	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$14.66	\$14.34	
<b>ITEM 2.</b>	<b>DESCRIPTION:</b>	VALUMAX EXTRA SAFE LAB COATS KNEE LENGTH, MEETS OSHA STANDARDS, SNAP FRONT, KNIT CUFFS AND COLLAR	VALUMAX EXTRA SAFE LAB COATS KNEE LENGTH, MEETS OSHA STANDARDS, SNAP FRONT, KNIT CUFFS AND COLLAR	VALUMAX EXTRA SAFE LAB COATS KNEE LENGTH, MEETS OSHA STANDARDS, SNAP FRONT, KNIT CUFFS AND COLLAR
	<b>MANUFACTURER PART NUMBER:</b>	3660LPL HS 120-8760	3660LPL HS 120-8760	3660LPL HS 120-8760
	<b>BIDDER PART NUMBER:</b>	3660LPL	120-8760	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$33.99	\$33.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$27.16	\$27.30	

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**BID # 2014-337**

**BID DATE: MAY 28, 2014**

**DEPARTMENT: PUBLIC HEALTH**

PART B: SAMPLE PRICING		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
<b>ITEM 3.</b>	<b>DESCRIPTION:</b>	DASH POWDER FREE ALOE VERA COATED LATEX GLOVE EXS S M L	DASH POWDER FREE ALOE VERA COATED LATEX GLOVE EXS S M L	DASH POWDER FREE ALOE VERA COATED LATEX GLOVE EXS S M L
	<b>MANUFACTURER PART NUMBER:</b>	HS 108-7848	HS 108-7848	HS 108-7848
	<b>BIDDER PART NUMBER:</b>	AP100XS	108-7848	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$12.95	\$12.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$10.35	\$9.42	
<b>ITEM 4.</b>	<b>DESCRIPTION:</b>	CAVICIDE TOTAL CARE DISINFECTANT	CAVICIDE TOTAL CARE DISINFECTANT	CAVICIDE TOTAL CARE DISINFECTANT
	<b>MANUFACTURER PART NUMBER:</b>	13-1000 HS 640-0012	13-1000 HS 640-0012	13-1000 HS 640-0012
	<b>BIDDER PART NUMBER:</b>	13-1000	640-0012	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$36.65	\$37.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$29.28	\$26.23	
<b>ITEM 5.</b>	<b>DESCRIPTION:</b>	SHOFU AMALGAM AND METAL POLISHING MINI POINT BROWNIE	SHOFU AMALGAM AND METAL POLISHING MINI POINT BROWNIE	SHOFU AMALGAM AND METAL POLISHING MINI POINT BROWNIE
	<b>MANUFACTURER PART NUMBER:</b>	0413 HS 195-9857	0413 HS 195-9857	0413 HS 195-9857
	<b>BIDDER PART NUMBER:</b>	411	195-9857	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$28.75	\$28.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$22.97	\$22.31	

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APPROVED BY:     /s/    

DATE:   6/4/2014



# CITY OF EL PASO BID TABULATION



**BID ITEM: DENTAL SUPPLIES**

**BID # 2014-337**

**BID DATE: MAY 28, 2014**

**DEPARTMENT: PUBLIC HEALTH**

PART B: SAMPLE PRICING		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
<b>ITEM 6.</b>	<b>DESCRIPTION:</b>	MIDWEST DIAMONDS FOR HIGH SPEED HAND PIECES ROUND: 801 DIAMETER 018 FG COURSE	MIDWEST DIAMONDS FOR HIGH SPEED HAND PIECES ROUND: 801 DIAMETER 018 FG COURSE	MIDWEST DIAMONDS FOR HIGH SPEED HAND PIECES ROUND: 801 DIAMETER 018 FG COURSE
	<b>MANUFACTURER PART NUMBER:</b>	471022 HS 772-4045	471022 HS 772-4045	471022 HS 772-4045
	<b>BIDDER PART NUMBER:</b>	DENTSERVE 801-018C	772-4045	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$37.65	\$45.49	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$30.08	\$32.40	
<b>ITEM 7.</b>	<b>DESCRIPTION:</b>	FUJI   GLASS LONOMER LUTING CEMENT GC	FUJI   GLASS LONOMER LUTING CEMENT GC	FUJI   GLASS LONOMER LUTING CEMENT GC
	<b>MANUFACTURER PART NUMBER:</b>	000136 HS 333-5075	000136 HS 333-5075	000136 HS 333-5075
	<b>BIDDER PART NUMBER:</b>	000136	333-5075	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$154.99	\$154.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$123.84	\$116.19	
<b>ITEM 8.</b>	<b>DESCRIPTION:</b>	DYRACT EXTRA UNIVERSAL COMPOMER RESTORATIVE- DENSPLY CAULK 0.25 Gm.	DYRACT EXTRA UNIVERSAL COMPOMER RESTORATIVE- DENSPLY CAULK 0.25 Gm.	DYRACT EXTRA UNIVERSAL COMPOMER RESTORATIVE- DENSPLY CAULK 0.25 Gm.
	<b>MANUFACTURER PART NUMBER:</b>	685405 HS 222-3968	685405 HS 222-3968	685405 HS 222-3968
	<b>BIDDER PART NUMBER:</b>	3M FILTEX 2250 6021131	222-3968	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$111.39	\$145.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$89.00	\$112.40	

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# CITY OF EL PASO BID TABULATION



**BID ITEM: DENTAL SUPPLIES** **BID # 2014-337**  
**BID DATE: MAY 28, 2014** **DEPARTMENT: PUBLIC HEALTH**

PART B: SAMPLE PRICING		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
<b>ITEM 9.</b>	<b>DESCRIPTION:</b>	REVOLUTION FORMULA 2 KERR HYBRID COMPOSITE	REVOLUTION FORMULA 2 KERR HYBRID COMPOSITE	REVOLUTION FORMULA 2 KERR HYBRID COMPOSITE
	<b>MANUFACTURER PART NUMBER:</b>	29494 HS 123-1948	29494 HS 123-1948	29494 HS 123-1948
	<b>BIDDER PART NUMBER:</b>	29494	123-1948	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$85.15	\$89.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$68.03	\$61.49	
<b>ITEM 10.</b>	<b>DESCRIPTION:</b>	ETCH-RITE ETCHING GEL PULPDENT BULK PACKAGE	ETCH-RITE ETCHING GEL PULPDENT BULK PACKAGE	ETCH-RITE ETCHING GEL PULPDENT BULK PACKAGE
	<b>MANUFACTURER PART NUMBER:</b>	ET-24 HS 384-9012	ET-24 HS 384-9012	ET-24 HS 384-9012
	<b>BIDDER PART NUMBER:</b>	ET-24	384-9012	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$67.35	\$71.99	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$53.81	\$56.09	
<b>ITEM 11.</b>	<b>DESCRIPTION:</b>	HU FRIEDY ELEVATOR (CRYER) SIZE: 44 SMALL	HU FRIEDY ELEVATOR (CRYER) SIZE: 44 SMALL	HU FRIEDY ELEVATOR (CRYER) SIZE: 44 SMALL
	<b>MANUFACTURER PART NUMBER:</b>	E44 HS 123-8390	E44 HS 123-8390	E44 HS 123-8390
	<b>BIDDER PART NUMBER:</b>	E44	586-4019	
	<b>PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):</b>	\$69.40	\$66.49	
	<b>CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):</b>	\$54.06	\$49.03	

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# CITY OF EL PASO BID TABULATION



**BID ITEM: DENTAL SUPPLIES**

**BID # 2014-337**

**BID DATE: MAY 28, 2014**

**DEPARTMENT: PUBLIC HEALTH**

		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
PART B: SAMPLE PRICING				
	<b>DESCRIPTION:</b>	SYBRON ENDO TWISTED FILES TAPER .08 TIP .25 23mm	SYBRON ENDO TWISTED FILES TAPER .08 TIP .25 23mm	SYBRON ENDO TWISTED FILES TAPER .08 TIP .25 23mm
ITEM	MANUFACTURER PART NUMBER:	822-8253 HS 123-8390	822-8253 HS 123-8390	822-8253 HS 123-8390
12.	BIDDER PART NUMBER:	822-8253	123-8390	
	PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):	\$65.29	\$65.99	
	CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):	\$52.17	\$63.99	
	<b>DESCRIPTION:</b>	HENRY SCHEIN GUTTA PERCHA POINTS STANDARDIZED (AAE/ISO SIZE #40	HENRY SCHEIN GUTTA PERCHA POINTS STANDARDIZED (AAE/ISO SIZE #40	HENRY SCHEIN GUTTA PERCHA POINTS STANDARDIZED (AAE/ISO SIZE #40
ITEM	MANUFACTURER PART NUMBER:	H 100-2705	H 100-2705	H 100-2705
13.	BIDDER PART NUMBER:	525040	100-2705	
	PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):	\$10.49	\$10.99	
	CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):	\$8.38	\$7.78	

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# CITY OF EL PASO BID TABULATION



BID ITEM: DENTAL SUPPLIES		BID # 2014-337		
BID DATE: MAY 28, 2014		DEPARTMENT: PUBLIC HEALTH		
		AVCO ENTERPRISES DBA DENTSERVE NEW CITY, NY	HENRY SCHEIN INC. MELVILLE, NY	
<b>PART B: SAMPLE PRICING</b>				
CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):				
ITEM 14.	DESCRIPTION:	CREST CAVITY PROTECTION TOOTHPASTE PROCTOR AND GAMBLE .852 oz. 84912880	CREST CAVITY PROTECTION TOOTHPASTE PROCTOR AND GAMBLE .852 oz. 84912880	CREST CAVITY PROTECTION TOOTHPASTE PROCTOR AND GAMBLE .852 oz. 84912880
	MANUFACTURER PART NUMBER:	HS 109-7645	HS 109-7645	HS 109-7645
	BIDDER PART NUMBER:	80233969	109-7645	
	PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):	\$26.49	\$23.99	
	CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):	\$21.17	\$21.59	
ITEM 15.	DESCRIPTION:	HELIOSEAL LIQUID 8gm.	HELIOSEAL LIQUID 8gm.	HELIOSEAL LIQUID 8gm.
	MANUFACTURER PART NUMBER:	533298AN HS 945-5782	533298AN HS 945-5782	533298AN HS 945-5782
	BIDDER PART NUMBER:	533298	945-5782	
	PRICE LIST COST BEFORE DISCOUNT/MARK-UP (IF APPLICABLE):	\$131.73	\$131.99	
	CITY'S COST, AFTER DISCOUNT/MARK-UP (NET):	\$105.25	\$106.18	
<b>GROUP 1 - GRAND TOTAL (ITEMS 1-15)</b>	Price List Total:	\$890.62	\$940.35	\$0.00
	City's Cost Total:	\$710.21	\$726.74	\$0.00
		<b>Bidder's Price - \$710.22</b>		

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