"SERVICE ORDER FORM" nr……(fills Orimed)

City, date ……

ORDER NUMBER: ……. INVOICE/RECEIPT NUMBER: …….....…….....

VIES															

NAME: ……

ADDRESS: ……

……

TELEPHONE: ……. EMAIL: ……

L.P.	KOD PRODUCT (REF)	PRODUCT NAME	QUANTITY	LOT No.	CUSTOMER EXPECTATIONS

I declare that the instruments are sterilized.

……
(legible signature of the customer)

Orimed Employee Comments:

ORIMED Martyna Jakubiak
ul. Króla Zygmunta Augusta 9
08-445 Osieck
tel. +48 25 685 71 25
orimed@orimed.pl
www.orimed.pl