

# Order Form

QMD 7.4.1.5

Revision 03

02. April 2019



**Please send this completed form either by fax or by mail:**

fax: 0234 / 54622444    respectively    e-mail: sales@innotom.com

***billing address:***

clinic / hospital:			
recipient:			
address:		customer number: (if available)	
postal code / town:		order number:	
phone / fax:		ordered by:	

***delivery address (if not identical to the billing address):***

clinic / hospital:			
recipient:			
address:			
postal code / town:			
phone / fax:			

***order:***

no.	item number	item name	packaging units	total number

---

**date, signature**