



Configuring your individual Procedure Pack

Please send us the following for below configured pack:

- Quotation for approx. _____ packs p.a.
 ___ sterile samples ___ non sterile samples

Customer:

Street: _____

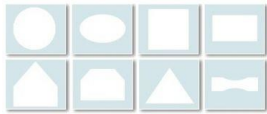
Postcode / City / Country: _____

Contact Person: _____

Tel: _____ Email: _____

Pack Description: _____

Patient Drape System:

- Dimensions _____ cm x _____ cm
 Material waterproof waterrepellent
 Fenestration  desired Dimension: _____
 Fluid collection pouch 1 pcs 2 pcs System none
 Incision foil integrated separated perforated none
 Adhesive border ja nein
 Bridge ja nein

Armboards:

Dimensions / Amount _____ cm x _____ cm / _____ pcs
 Tape @ @in

Drape Tablecover (folded inside the pack):

Dimensions / Amount _____ cm x _____ cm / _____ pcs
 Dimensions / Amount _____ cm x _____ cm / _____ pcs

Wrap / Packaging:

Crepe Drape
 Dimensions: _____ cm x _____ cm

Surgical Gown:

SMMS Size___: ___pcs Size___: ___pcs Size___: ___pcs
 Softesse Size___: ___pcs Size___: ___pcs Size___: ___pcs

Surgical Gloves:

Latex Gr.___: __Pair Gr.___: __Pair Gr.___: __Pair
 Latexfree Gr.___: __Pair Gr.___: __Pair Gr.___: __Pair

Towel:

yes:___pcs none

Knives / Scalpeles:

Description / Size	pcs
_____	_____
_____	_____
_____	_____
_____	_____

